

**LIGHTHOUSE CLUB INTERNATIONAL
– MEDICAL BENEFITS APPLICATION FORM**

Lighthouse Club Branch:	
Name:	
Date of birth:	
Male/Female:	
Nationality:	
Country of residence:	
Contact email:	
Contact mobile:	
Please note if you need dental and/or maternity coverage:	
If you're looking for coverage for your family, please state their names, DOB and their sex:	
Date:	

Once completed, please send to Seng Ch'ng at seng.chng@bis.hk or call me on +852 9854 7765.