

New Member Application Form 2022/23

To apply to join AMII, please complete and return this form together with a copy of your current Professional Indemnity Certificate of Insurance to Tina Jennings, AMII, PO Box 299, Petersfield, GU32 9GY or email to tina.jennings@amii.org.uk.

Upon receipt Tina will issue an invoice along with the AMII bank details for payment of the £150 application fee.

When payment is received the application process will then commence.

Company Details			
Company Name:	Name of Principal(s):	Position held:	
Address including postcode:			
Contact person for Correspondence:	Tel No:	Contact email address:	
ICO Registration Number:	Date Business established:	Website Address:	
Financial Conduct Authority Details			
Are you directly Authorised by the FCA or an Appointed Representative?		Directly Authorised	
Please supply your FCA Authorisation number:		Appointed Representative	
If an Appointed Representative, please supply the name of the Principal business and their Authorisation number:			
Is the Principal person (as listed above) an Approved person with the FCA?		Yes	No
Please state the person in your company with the Apportionment and Oversight Function:			
Private Medical Insurance Details			
No. of years PMI experience:	No. of PMI Sales Staff:	No. of PMI Insurer Agencies held:	No. of PMI Sub Agents:
Please provide Agency Numbers for at least six health insurers that you hold active agencies with:			
Allianz Partners	April International		
AVIVA Health	AXA Health		
AXA - Global Healthcare	BUPA		
BUPA Global	Cigna International		
Expacare	The Exeter		
Freedom Health	Health Compass		
Health-on-Line	Medicash		
Health Shield	Now Health		
Morgan Price International	Simply Health		
PHC	Westfield		
Vitality Health	Other		
WPA			

Private Medical Insurance Details *continued*

Have you had any Agencies withdrawn in the last 3 years? Yes No

If YES, please state the reason why:

Do either (a) any Directors of your brokerage have any connection with an insurer? Yes No

Or (b) is the brokerage tied, for any reason, to an insurer? Yes No

If YES, please give details:

Have you, or any principal, director or partner under a current or previous trading title: (a) been declared bankrupt or insolvent (b) been convicted of any criminal offence (other than motoring offences); or (c) had any fine or sanction imposed by the FCA or predecessors? Yes No

If YES, please give details:

Please indicate your approximate Gross Annual **Private Medical Insurance** Premium Income
(*PREMIUM income, NOT commission. Do not include other forms of insurance*)

£0 - £2 million (Annual m/ship fee: £300 + VAT)

£2 - £5 million (Annual m/ship fee: £500 + VAT)

£5 - £10 million (Annual m/ship fee: £700 + VAT)

£10 million + (Annual m/ship fee: £1,100 + VAT)

This figure will be used to assess
your Annual Membership Fee.

Approximate split of PMI business: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">% SME/Corp</td> <td style="width: 50%; text-align: center;">% Individual</td> </tr> </table>	% SME/Corp	% Individual	Approximate number of clients: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">SME/Corp</td> <td style="width: 50%; text-align: center;">Individual</td> </tr> </table>	SME/Corp	Individual
% SME/Corp	% Individual				
SME/Corp	Individual				

Please name your Professional Indemnity Insurer:	Approximate percentage of your business is PMI:
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Please detail any insurance you may sell aside from Private Medical Insurance:

Consent and Declarations

The information you give will be held and used by AMII to process your membership application and provide the membership services, including invitations to meetings and events. Other carefully selected organisations may be allowed access to sufficient of the information to enable AMII to offer membership services to you through these organisations.

PLEASE TICK THE BOX if you DO NOT give consent for your company information to be shared by AMII in this way.

I/We are applying for Full Membership of the Association of Medical Insurers and Intermediaries and consent to six references being taken as stated in this application, in support of our application.

I/We agree to be bound by the Constitution and Code of Conduct of AMII.

I/We consent to our details appearing in the AMII Members Directory and on the 'Find-An-Expert' section of the AMII website.
(If you do NOT wish to appear in these publications, tick this box)

I/We will pay our Application Fee of £125+ VAT to the AMII bank account. I/We understand that we will be invoiced for the pro-rata Membership Fee on acceptance of our application and that the minimum terms is 12 months upon joining.

I/We understand that AMII membership acceptance and fees payable relate exclusively to the applicant's company name only. I/We understand that our AMII membership is not transferable or permissible to extend to other companies within our group or appointed representatives that do not exclusively operate under the same name as our company.

I declare that the information I have given in this application form is true and accurate.

Signature:

Print Name:

Position:

Date: