

UNDERTAKING BY EXISTING MEDICAL INSURANCE SCHEME MEMBERS AND INTENDING MEMBERS FOR THE POLICY TERM 7 MARCH 2026 – 4 MARCH 2027

I of(Bank) / Mobile contact

Personal Email address hereby agree to renew my medical policy under the Fiji Bank & Finance Sector Employees Union group scheme on terms, conditions and the new premiums payable (if applicable) for the listed cover and I further confirm and undertake as follows: -

1. That I have received and understand the renewal terms of my Medical Policy with FijiCare for the policy term 7/3/26 – 4/3/27.
2. That I will abide by the decisions taken by the Insurer or the Union in regards to my applications, claims, cover and any changes to the policy terms and conditions during the policy term.
3. That I understand **the Union** will pay quarterly upfront premiums to Brokers Marsh, who will pay the Insurer FijiCare on **my behalf**. I **hereby undertake** to repay the Union on a fortnightly basis till my premiums have been fully reimbursed each quarter to the Union.
4. Only upon Union’s receipt of my full Quarterly Premium, the Union will then pay upfront Premium for the next quarter. **A reminder will be sent to me by the union ONLY ONCE before a new quarter premiums is paid on my behalf.**
5. If I decide to withdraw from the scheme in between the quarter, I will notify the Union immediately so that premiums paid upfront can be recovered from the Insurer if no claims have been made by me. If claims have been made by me then I will reimburse all premiums paid by Union on my behalf.
6. That I agree if I default in paying my premiums due by me, by the due dates, my policy will be cancelled immediately and Union will proceed to claim premiums due through the Small Claims Tribunal.
7. The current policy will expire on 4/3/27 and the Union is mandated to negotiate and agree to changes in the policy terms and conditions between the policy term 7/3/26 – 4/3/27.
8. I agree to supply the following further information necessary for the Medical Insurance cover:
 - a) Dependents under my cover as follows:
.....(name).....(d/b).....(relationship)
..... (name)..... (d/b).....(relationship)
..... (name)..... (d/b).....(relationship)
..... (name)..... (d/b).....(relationship)
..... (name)..... (d/b).....(relationship)
 - b) That I will provide evidence from tertiary institutions for any dependent who is between 18 – 25 years of age
 - c) That I will immediately fill in another form for any new inclusion as my dependent under my medical cover
 - d) That I will send photos of myself and my dependents for renewal cards or for use of FijiCare and APP

Please circle the options for covers that you want to be covered on.

Signed:

Date:.....

.....

Member

.....

Witness Name

.....

Witness Signature

Cover	New rates pa	New rates FN
Gold HP		
Family - Above 50 years	\$4,970.57	\$191.18
Family - Below 50 years	\$4,970.57	\$191.18
Single - Above 50 years	\$3,638.25	\$139.93
Single - Below 50 years	\$3,638.25	\$139.93
64yrs - 70yrs		
Family	\$6,958.80	\$267.65
Single	\$5,093.55	\$195.91
Silver-Private Hospitalisation		
Family - Above 50 years	\$3,306.57	\$127.18
Family - Below 50 years	\$2,808.97	\$108.04
Single - Above 50 years	\$1,987.45	\$76.44
Single - Below 50 years	\$1,737.99	\$66.85
64yrs - 70yrs		
Family	\$4,629.19	\$178.05
Single	\$2,782.44	\$107.02
Bronze-Private Hospitalisation		
Family - Above 50 years	\$1,889.46	\$72.67
Family - Below 50 years	\$1,786.28	\$68.70
Single - Above 50 years	\$1,515.94	\$58.31
Single - Below 50 years	\$1,358.06	\$52.23
64yrs - 70yrs		
Family	\$2,645.25	\$101.74
Single	\$2,122.31	\$81.63
Bulkbilling		
Family/Single	\$667.01	\$25.65
Optical/Dental – combined premiums		
Family/Single	\$545.74	\$20.99

