



**THE CONTOUR GROUP MEDICAL PLAN  
ENROLLMENT/CHANGE FORM**

<b>THIS FORM IS FOR:</b>		Employee Only		
Participating Organization: Nexign		Organization Contact Email: ps@nexign-systems.com		
Agent Of Record Name:		Agent Of Record Email:		
Employee Name (Last First Middle) : Maksim Vadimovich Kurchenkov				
Occupation:	Citizenship: Russia	Gender: Male	Height: 177 Centimeters	Weight: 75-Pounds
Resident Street Address: Mendeleev Blvd., building 1 apartment 324			Resident City / State / Postal or Zip Code: Saint Petersburg / 188661	
Telephone Number: +79112955346		Email: maxim.kurchenkov@gmail.com		
Identification Number / Social Security Number:			Date of Birth: 02/19/1980	
REQUESTED EFFECTIVE DATE (DD/MM/YY): 07/13/2018		Date Employed Full Time: 10/27/2017		Hours Worked Per Week: 40
Departure Date from U.S. :		Country of Destination: Norway		Length of Stay: 10
<i>The Contour Group Medical Plan is a surplus lines product underwritten by Certain underwriters at Lloyd's, London. It is distributed, managed and administered, as agent for and on behalf of certain underwriters at Lloyd's, London, by Azimuth Risk Solutions.</i>				

<b>Questions Answers</b>	
<p>The questions below must be answered for the applicant and every family member included on the Application. For any question answered "Yes," please identify to whom the answer applies (use the number that corresponds to the family member from Part 1), and provide complete details of the medical condition at issue in the space provided in Part 4 of this Application, including the name, address and telephone number of all attending physician(s), diagnoses, all treatment dates, type(s) of treatment, prognosis, and present course of treatment.</p>	
1. Are you or any other applicant currently pregnant, hospitalized, or disabled?	<b>No</b>
2. Have you ever been diagnosed, treated or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Lymphadenopathy Syndrome or any immune system Disorder?	<b>No</b>
3. Have you or any other applicant or any other applicant ever been diagnosed, treated (including medications) or tested for: cancer, diabetes, high blood pressure, neurological, or any cardiac, cardiovascular, heart, or circulatory condition?	<b>No</b>
4. During the last 24 months have you or any other applicant been diagnosed, treated (including medications) or tested for any medical, mental or nervous condition or problem?	<b>No</b>
5. During the last 24 months have you or any other applicant been advised or recommended to have testing, treatment or surgery or do you anticipates testing, treatment or surgery for any medical or mental or nervous condition or problem?	<b>No</b>
6. Gallbladder, pancreas, or liver?	<b>No</b>
7. Joints or spine?	<b>No</b>
8. Eyes, ears, or nose?	<b>No</b>
9. Mouth, throat, or jaw?	<b>No</b>
10. Chest pain?	<b>No</b>
11. Headaches, paralysis, or arthritis?	<b>No</b>
12. Convulsions or epilepsy?	<b>No</b>
13. Elevated cholesterol?	<b>No</b>
14. Cancer or stroke?	<b>No</b>
15. Kidney or urinary system?	<b>No</b>
16. Thyroid, breast, or other glands?	<b>No</b>
17. Complicated pregnancy or delivery?	<b>No</b>
18. Tumor, cyst, polyp, or growth of any kind?	<b>No</b>
19. Sexually Transmitted disease?	<b>No</b>
20. Heart or circulatory system?	<b>No</b>

