

Expacare – Group International Healthcare Plans Application form & quotation request



If you have any queries please call us on +44 (0) 1344 381650 to speak to a member of the group team. You can also email us at info@expacare.com, or visit www.expacare.com

When you have completed and signed this form, please return it to us at Expacare, Columbia centre, Market St, Bracknell, Berkshire, RG12 1JG, United Kingdom or fax +44 (0) 1344 381690

PT. API Health Consultants
Nakula Plaza B1
Jalan Nakula
Legian, Bali, Indonesia
Tlp – 62 – (0) 361-737317
Ref: RX

1. Your Company Details

Name of Company: _____

Type of Business: _____

Address: _____

Country: _____

Contact Name: _____

Position in Company: _____

Telephone: _____

Fax: _____

Email: _____

2. Eligibility / Premium payment

a). How many people does the organisation employ?: _____

b). Will the insurance apply to all employees?:

Yes No

If no, please define precisely the class(es) of employees to which the cover will apply:

c). Are the employees' dependants to be covered?:

Yes No other

d). Will the company be paying the premium for:

Employees only? Yes No

Employees and dependants? Yes No

Other please specify: _____

3. Premium Payment

Please indicate the currency you wish to pay in:

£ Sterling

\$ US Dollar

€ Euro

Please notes that only \$ US Dollar plans are available in the Middle East and Indonesia

Please indicate your preferred frequency of payment:

Annually

Six- monthly (3% administration charge applies)

Quarterly (5% administration charge applies)

4. Previous Claims Experience

a). Has the organisation previously been insured for medical benefit?: Yes No

If yes, please give name(s) of previous insurers here and attach previous benefit and renewal date details:

10. Tailor-made Plans

	If a tailor-made plan is required, please indicate below the benefits to be included. Limit required
Hospital services	
Treatment for cancer	
Treatment for chronic illness	
Treatment for alcohol/drug addiction	
Parent accommodation	
Organ transplant	
Outpatient services	
Prescription drugs	
Complementary therapies	
Ambulance services	
Nursing at home up to 180 days	
Routine dental treatment	
Maternity care (outline)	
Maternity care (with complications)	
Birth defect and congenital illness	
AIDS diagnosis lump sum	
Emergency medical evacuation	
Repatriation/local burial	
Inpatient/outpatient psychiatric	
Overall aggregate limit	
Any other benefit or special requests:	
Any excess or co-insurances required:	

11. Duty of Disclosure

We would like to take this opportunity to remind you of your continuing duty of disclosure as detailed below:

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy your self as to the accuracy and completeness of the information you provide to insurers.

In this respect you must provide all information relating to a risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to avoid the contract from its commencement, which may lead to claims not being met.

12. Declaration by Employee or Authorised Representative

We request a group insurance quotation and declare that to the best of our knowledge and belief the information given herein is true complete.

Name:

Signature:

Date (DD/MM/YY):