



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

## Expacare – Group international healthcare plans: Employee application form

If you have any queries please contact the group team on +44 (0)1344 381650 (fax +44 (0)1344 381690). You can also email us at [info@expacare.com](mailto:info@expacare.com), or visit [www.expacare.com](http://www.expacare.com).  
Expacare, First Floor, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom

Company Name:

Employee:

Nationality:

Occupation:

### Plan type & start date (selected by your employee)

Start Date (DD/MM/YY): DD / MM / YYYY

Standardcare

Executivecare

Specialcare

Tailor-made

### Area of cover

Area 1  Europe

Area 2  Worldwide, Excludes USA, China, & Carriibbean

Area 3  Worldwide

### Please complete the following for all persons to be insured

#### Employee

First Name:

Last Name:

Country of Overseas Residence:

Date of Birth (DD/MM/YY): DD / MM / YYYY

Male

Female

#### Partner

First Name:

Last Name:

Country of Overseas Residence:

Date of Birth (DD/MM/YY): DD / MM / YYYY

Male

Female

#### Children\*

First Name:

Last Name:

Date of Birth (DD/MM/YY): DD / MM / YYYY

Country of Overseas Residence:

Male  Female

First Name:

Last Name:

Date of Birth (DD/MM/YY) DD / MM / YYYY

Country of Overseas Residence:

Male  Female

First Name:

Last Name:

Date of Birth (DD/MM/YY): DD / MM / YYYY

Country of Overseas Residence:

Male  Female

First Name:

Last Name:

Date of Birth (DD/MM/YY): DD / MM / YYYY

Country of Overseas Residence:

Male  Female

*\*Children (up to age 24 if full time education. Evidence required)*

## Duty of Disclosure

---

We would like to take 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 yourself 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.

Signature of

Group secretary:

Date (DD/MM/YY):

DD / MM / YYYY

Signature of

Employee:

Date (DD/MM/YY):

DD / MM / YYYY

## Data Protection Notice

---

We take our responsibility for confidentiality very seriously. Any information you give us will be held securely and fairly in accordance with the Data Protection Act 1998.

### ***How we may use your personal data or disclose it to third parties:***

- > To administer your plan and process your claims
- > To liaise with treatment providers about treatment and costs
- > To process claims that are also covered by another insurer or third party
- > To help us develop services we think will be in your interest
- > For statistical analysis to help us assess how the scheme you belong to is being used
- > To detect fraud and improper claims

### ***Giving you information:***

- > We may contact you by letter, telephone or electronic mail about services or products that we believe you may be interested in. If you do not wish to receive such information, please tell us.
- > You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information.

### ***Communication:***

- > We may monitor any communication we have with you, including telephone conversations to ensure we have an accurate record, and have followed your instructions.