



Application form

Please contact us on +44 (0) 1344 381650 if you have any queries. Please send your application form to us at Expacare, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom or by fax on +44 (0) 1344 381690 or return to your insurance broker.

1. Main Applicant

First Name: _____

Last Name: _____

Postal Address: _____

Telephone: _____

Email: _____

Country of Overseas Residence: _____

Nationality: _____

Occupation: _____

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

Male Female

2. Your Partner

First Name _____

Last Name: _____

Country of Overseas Residence: _____

Nationality: _____

Occupation: _____

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

Male Female

3. Child Dependants

First Name: _____

Last Name: _____

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

Country of overseas residence: _____

Nationality: _____

Male Female

First Name: _____

Last Name: _____

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

Country of overseas residence: _____

Nationality: _____

Male Female

First Name:

Last Name:

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

Country of overseas residence: _____

Nationality: _____

Male Female

First Name:

Last Name:

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

Country of overseas residence: _____

Nationality _____

Male Female

4. Your Doctor

Please give details of your regular physician or a physician with whom you have consulted in the last two years:

Name: _____

Address: _____

Telephone: _____

5. Plan and Excess Choice

	Nil Excess	\$85 Excess	\$850 Excess	\$1700 Excess	\$3400 Excess	\$8500 Excess
Standardcare						
Executiveware						
Specialcare						

\$85 excess applicable per person, per medical condition, per certificate period. \$850, \$1700, \$3,400 & \$8,500 excess applicable per person, per certificate period.

6. Area of Cover

- Area 1 Europe
Area 2 Excludes China, USA and the Caribbean
Area 3 Worldwide

7. Date you want cover to start: DD / MM / YYYY

8. Payment Details (cheque)

Please indicate the amount and currency you wish to pay in:

£ Sterling US\$ € Euro

I enclose a cheque for: (£/\$/€)

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

Payment Frequency:

Annual Six-monthly* Quarterly*

*An administration fee of 2% on the six-monthly and 4% quarterly options will be charged.

9. Credit or Charge Card Payment and authorisation for automatic renewal

I hereby authorise that the Card Account specified below may be debited with the correct premium due and all subsequent installments and renewal premiums due as notified by Expacare Limited until I give notice in writing that I wish to terminate this agreement. I authorise that Expacare can retain the below credit card details. All credit card details are stored securely and in accordance with PCI guidelines.

I understand that Expacare will give 4 weeks notice of renewal and that the premiums will vary each year. Please be advised that any refunds due will be made to this credit card.

I understand that Expacare Limited cannot be held liable if my Policy is lapsed should the credit/charge card be declined and I do not respond to requests for alternative methods of payment.

Card Number:

Expiry date (DD/MM/YY):

Cardholder's name as it appears on the card:

Signature of cardholder:

Address where charge bills are sent:

10. 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 yourself as to the accuracy and completeness of the information you provide to insurers both at inception of the policy and throughout the policy term.

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 they 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 inception, which may lead to claims not being met.

12. Data Protection Notice

We take our responsibility for confidentially 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 tick here
- > 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.

Your personal data may be transferred outside of the European Economic Area for processing. Any transfer of your data is done in circumstances ensuring that your data is processed only in accordance with the Data Protection Act 1998. By signing this Application Form you consent to such transfer of your data

11. Declaration

I hereby apply to be enrolled in the Plan together with the persons to be insured listed above. I declare that to the best of my knowledge on behalf of all persons to be insured under this application that I have read the Plan Overview and understood fully the policy exclusions including for pre-existing conditions. It is agreed that this declaration and information given in this application shall form the basis of the contract(s) between the Insured Person(s) and the Insurer. I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998 on behalf of myself and any family members specified on this form, for Expacare Limited to process our personal information with respect to our membership and confirm that I have brought the Data Protection Notice to the attention of these family members.

Signature:

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