

International Health Plan Application form

This section to be completed by AXA PPP healthcare

Policy number

Effective date

Please complete this form using block capitals and by ticking the relevant boxes. It is important that you provide the following information so that we can properly assess your application. If therefore, you do not answer the questions we shall take that failure to answer to mean that you have nothing to disclose. We cannot insure you if you are a national of your principal country of residence.

1. Your personal details

Surname: (Mr/Mrs/Miss/Ms/Dr)		Full forenames:	
Address:			
Country:		Postcode:	
Telephone no:	Country code:	Area code:	Number
Fax No.	Country code:	Area code:	Number
Occupation:	Date of birth: Day	Month	Year
Nationality:	Principal country of residence: (not UK)		
Are you applying for permanent residency/citizenship in the USA/Canada		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy no. if already a policyholder of AXA PPP healthcare:		American and Canadian citizens whose principal country of residence is either the USA or Canada are not eligible to apply for International Health Plan	

2. Type of cover required

a) Choose your area of cover and tick the relevant box:

Area 1 Worldwide	<input type="checkbox"/>	Area 2 Worldwide excluding USA & Canada	<input type="checkbox"/>	Area 3 Europe including UK	<input type="checkbox"/>
---------------------	--------------------------	--	--------------------------	-------------------------------	--------------------------

b) Choose the level of cover you require and tick the relevant box:

Prestige (Inc. Travel Insurance)	<input type="checkbox"/>	Comprehensive	<input type="checkbox"/>	Standard	<input type="checkbox"/>
-------------------------------------	--------------------------	---------------	--------------------------	----------	--------------------------

Please include Travel Insurance cover for all persons covered in this application form (please tick).

Note: Travel Insurance is available at extra cost except on Prestige option and must cover all persons in this application form.

3. Family members to be included in the plan

Please give names in full	Relationship to policyholder	Date of birth		
		Day	Month	Year
1 Adult				
2 Children				
3				
4				
5				

4. Paying your premium

a) I would like to pay my premium: Annually Monthly

b) I would like to pay my premium by: Credit Card Direct Debit Cheque/Sterling Bankers Draft

(UK Banks only) Please make your cheque payable to AXA PPP healthcare (only for annual payment)

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including the official use box using a ball point pen and send it to: AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.

Originator's Identification Number

9 9 1 3 3 3



For AXA PPP healthcare Official Use Only
This is not part of the instruction to your Bank or Building Society.
Please complete this box if you are paying on behalf of the policyholder.
Name and Address of Account holder:

Telephone Number

Policyholder's Name:

6 Instruction to your Bank or Building Society.

Please pay AXA PPP healthcare Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with AXA PPP healthcare and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

1 Name and full postal address of your Bank/Building Society.

To: The Manager	Bank / Building Society
Address	
Postcode	

2 Name(s) of Account Holder(s)

3 Bank/Building Society account number

4 Branch Sort Code

5 Reference Number

(Your membership number to be completed by AXA PPP healthcare)

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

Please tear off and retain this guarantee

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, AXA PPP healthcare will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by AXA PPP healthcare or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



5. Medical history declaration

Important: Please ensure that all three statements are answered yes or no.

Please Note: (i) No liability will be accepted for any medical condition which originated before the date of enrolment or which was foreseeable at the time of application unless such medical condition has been declared to and accepted by AXA PPP healthcare. (ii) Failure to notify AXA PPP healthcare of a medical condition may result in claims for benefit being refused. If you are in any doubt you should disclose the medical condition.

Statement 1. Have you or any members of your family (if included in this application) consulted with a medical specialist been admitted to hospital or nursing home, or suffered from an intermittent or recurring illness during the last five years.

Please tick Yes or No If Yes please complete the following:

Name of patient	Nature of illness/disability and treatment received	Period of disability/treatment			Present state of health in this respect
		Month	Year	Duration	

Statement 2. Is there ANY medical condition, disability or health problem in yourself, or any members of your family included in this application, whether or not a doctor has been consulted, for example, gynaecological or menstrual problems, complications of pregnancy, signs or symptoms of varicose veins, back trouble, abnormal dental conditions, foot disorders (e.g. bunions), digestive irregularities, skin problems or trouble with heart, limbs, eyes, 'nerves', etc, and is there any other information which you should, in good faith, disclose? Please tick Yes or No If Yes please complete the following:

Name of patient	Nature of illness/disability and treatment received	Period of disability/treatment			Present state of health in this respect
		Month	Year	Duration	

Statement 3. Have you or any members of your family (if included in this application) consulted with a medical practitioner in the past year.

Please tick Yes or No If Yes please complete the following:

Name of patient	Nature of illness/disability and treatment received	Period of disability/treatment			Present state of health in this respect
		Month	Year	Duration	

6. Your signature and declaration

Declaration: I declare that I spend six or more months of the year outside the UK and that I am not a national of my principal country of residence. I also declare that to the best of my knowledge and belief the statements on both sides of this application form are full, true and correct, that I shall read the International Health Plan Membership Agreement when received and that I agree to be bound by it unless I shall cancel the enrolment within 30 days of acceptance of my application. I agree that the acceptance of my application shall be on the basis of these statements. I also understand that you will send all correspondence about this application to the main policyholder unless I write to tell you otherwise.

Signature: Date:



Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application form please let us know within three months.

Data Protection Act – you will see this sign where we ask you to give personal information.

AXA PPP healthcare limited is a member of the Global AXA Group. To set up and administer your policy we and any intermediary involved will hold and use information about you, and any family members covered by your policy, supplied by you or those family members and by medical providers or your employer. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you and any family members covered by your policy consent to such uses of your personal data.

AXA PPP healthcare limited may send you details of our other products and services. To enable them to send you details of their services we may also share some of your details with other AXA group companies based within the European Economic Area and with other carefully selected companies based within the European Economic Area. You may be contacted by post, telephone or e-mail if appropriate. If you do not wish us to do this please tick the appropriate box(es).

After completing this application form and signing the declaration, please return to: AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, England.

(For AXA PPP healthcare use only)

Underwriter's stamp

Credit Card Authorisation Form

To: AXA PPP healthcare. I authorise you, until further notice in writing, to charge to my Mastercard/Visa account unspecified amounts in respect of premiums for my AXA PPP healthcare subscriptions as and when these become due, until this instruction is countermanded by my giving notice in writing to AXA PPP healthcare. You will be given at least one month's notice of any subscription increase.

Credit Card Number

Please insert your appropriate credit card number.



Please tick



Please tick

Expiry date

AXA PPP healthcare membership no.

Please use block capitals

Surname Mr/Mrs/Miss (as on credit card)

Forenames (as on credit card)

Address

Postcode

Telephone number

Signature

Date

AXA PPP healthcare limited. Registered office 107 Cheapside London EC2V 6DU. Registered number 3148119 England. AXA PPP healthcare is a member of the General Insurance Standards Council which regulates general insurance activity in the United Kingdom.

© AXA PPP healthcare 2002.