

International Health Plan Individual application form



This section to be completed by AXA PPP healthcare

Policy number

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Effective date

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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

U Surname: (Mr/Mrs/Miss/Ms/Dr) Full forenames:

Address:

Country: Postcode:

Country code: Area code: Number: Country code: Area code: Number:

Telephone no: Fax no.

This is the number that is most appropriate to contact you on, Monday to Friday between 9am and 5pm (GMT).

Occupation: Date of birth: Day: Month: Year:

Policy number if already a policyholder of AXA PPP healthcare: E-mail:

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If your principal country of residence is the United States of America or Canada, this policy will terminate at the end of your first year. American and Canadian citizens whose principal country of residence is either the USA or Canada are not eligible to apply for an International Health Plan.

2. Additional family members to be included in the plan

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

3. Details of Residency and Nationality

U Principal country of residence (The country where you live for at least 6 months in any year)

Nationality

4. Type of cover required

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

Area 1 Area 2 Area 3

Worldwide Worldwide excluding USA & Canada Europe including UK
(Please note you must be out of the UK for more than 6 months a year)

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

Prestige Comprehensive Standard Standard

(Inc. Travel Insurance) (Excess £2000)

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.

5. Preferred start date

Date: Day: Month: Year:



PPP HEALTHCARE

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10. Credit card authorisation

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

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 membership no.

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