

# International Health and Hospital Plan Application Form A



(Please use block letters)

## For administration use

Ref.		Policy Number	
Date		#	

## Commencement date\*

I / we request that the policy commences from day   month  year

\*We will confirm to you the commencement date of your policy. Waiting periods may apply as set out in your policy conditions.

## Policyholder

First name(s)												
Family name(s)												
Date of birth (day/month/year)				Sex (M/F)								
Address												
Address												
Postal Code			City									
Country												
Telephone					Fax							
Email												

## Dependants

First name(s)					Date of birth (day/month/year)						
Family name(s)										Sex (M/F)	
First name(s)					Date of birth (day/month/year)						
Family name(s)										Sex (M/F)	
First name(s)					Date of birth (day/month/year)						
Family name(s)										Sex (M/F)	
First name(s)					Date of birth (day/month/year)						
Family name(s)										Sex (M/F)	

## Reimbursement via bank transfer

If you would like us to transfer future reimbursements to your bank account, please state:

Account holder's name(s)											
Name of bank											
Bank address											
Postal Code			City								
Country											
<input type="radio"/> Transfer to Danish account:	Reg. No.				Account No.						
<input type="radio"/> Transfer to foreign account:	Account No./IBAN No.										
	Swift No.										

## Preferred reimbursement currency

Please state currency											
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**Online customer sign up**

I hereby sign up as an online customer with ihi Bupa. As an online customer, I will receive all documents and correspondence from ihi Bupa via my personal site myPage on www.ihicom. I am responsible for checking all documents and correspondence online. I can get more information on [www.ihicom/services](http://www.ihicom/services).

**Intermediary's access to documents**

In the event that I am represented by an intermediary, I hereby accept that my intermediary will get access to my documents online on his/her personal and secure ihi Bupa website.

**Cover – please choose modules, currency and deductible by ticking the relevant boxes**

<p><b>Choice of modules</b></p> <p><input checked="" type="radio"/> Hospital Plan</p> <p><input type="radio"/> Module 1 - Non-Hospitalisation Benefits</p> <p><input type="radio"/> Module 2 - Medicine &amp; Appliances</p> <p><input type="radio"/> Module 3 - Medical Evacuation &amp; Repatriation</p> <p><input type="radio"/> Module 4A - Dental &amp; Optical</p> <p><input type="radio"/> Module 4B - Dental &amp; Optical</p>	<p><b>Choice of deductible / currency</b></p> <table border="0"> <tr> <td><input type="radio"/> Nil</td> <td><input type="radio"/> Nil</td> <td><input type="radio"/> Nil</td> </tr> <tr> <td><input type="radio"/> EUR 350</td> <td><input type="radio"/> GBP 250</td> <td><input type="radio"/> USD 400</td> </tr> <tr> <td><input type="radio"/> EUR 1,050</td> <td><input type="radio"/> GBP 750</td> <td><input type="radio"/> USD 1,600</td> </tr> <tr> <td><input type="radio"/> EUR 4,000</td> <td><input type="radio"/> GBP 2,750</td> <td><input type="radio"/> USD 5,000</td> </tr> <tr> <td><input type="radio"/> EUR 8,000</td> <td><input type="radio"/> GBP 5,500</td> <td><input type="radio"/> USD 10,000</td> </tr> </table> <p>Please note that the chosen currency is binding.</p>	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> EUR 350	<input type="radio"/> GBP 250	<input type="radio"/> USD 400	<input type="radio"/> EUR 1,050	<input type="radio"/> GBP 750	<input type="radio"/> USD 1,600	<input type="radio"/> EUR 4,000	<input type="radio"/> GBP 2,750	<input type="radio"/> USD 5,000	<input type="radio"/> EUR 8,000	<input type="radio"/> GBP 5,500	<input type="radio"/> USD 10,000
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<input type="radio"/> EUR 8,000	<input type="radio"/> GBP 5,500	<input type="radio"/> USD 10,000														

**Premium payment**

Annual       Semi-annual       Quarterly

**Request for payment from a bank or another address, if different from residential address (Not possible for online customers)**

Name(s)															
Address															
Address															
Postal Code					City										
Country															
Account No. (if bank)															

**Request for payment by international credit card**

I / we wish to pay the premium via credit card. Bupa Insurance Limited (ihi Bupa) will charge the credit card directly.

American Express       Visa       Eurocard / Mastercard

JCB       Diners

Card no.


Expiry date (m/y)   CVC code\*

\*CVC code: The last three/four digits after the card number on the back of the card or the last three digits in the signature field.

Cardholder's data if cardholder and policyholder are not the same person:

Name(s)															
Address															
Address															
Postal Code					City										
Country															

I also authorise Bupa Insurance Limited (ihi Bupa) until further notice in writing, to charge my credit card account with unspecified amounts in respect of my premium payments as and when these become due. ihi Bupa will inform me in advance of any premium adjustments.

Cardholder's signature \_\_\_\_\_  Date \_\_\_\_\_

