

International Health Plan

Individual application form

Full Medical Underwriting (FMU)

Welcome to AXA PPP International

If you are completing this form by ha	and, please use BLACK INK and write in BLOCK CAPITALS throughout
To help speed up your application,	Q
please give us your quotation number if relevant	
This can be found on your quote letter	
If you already have an AXA PPP International or	
AXA PPP healthcare policy, please also give us your membership (or customer) number	
This can be found on your membership card	

Notes to help you with your application

We aim to make it as easy as possible for you to apply for your health insurance, so please read the following notes before you start. If you have any questions, please contact your Broker or call our helpline on +44 (0) 1892 508 800 and we'll be pleased to help you. Lines are open Monday to Friday, 8am to 5pm (GMT).

Please be aware of the following points before you start to complete this form

- X Please do not use this form if you are switching from another insurer, transferring from or upgrading an existing policy with AXA PPP International, or if you have chosen Moratorium underwriting on your policy.
- Please take care to provide accurate and complete answers to all questions for all members who are to be insured under this plan. This will help avoid any delay in processing your application.
- · If you don't answer truthfully and accurately, it will very likely mean that a claim will be declined and your policy may be cancelled.
- The person named in Part 1 will be the Policyholder and legal owner of this policy. If the Policyholder is under 18, a Parent or Legal Guardian who has the authority to act on their behalf, will need to complete and sign this application.
- Please make sure you have permission to advise us of all the medical details for all family members you wish to add to this policy.
- A number of countries require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. The cover offered by AXA PPP International may not meet these country specific requirements and therefore additional cover may be necessary. In some situations there may be consequences in the form of tax penalties or otherwise where a resident does not hold the required local cover in addition to their international medical insurance policy. If you have any concerns about any additional cover requirements in your principal country of residence (as defined in **1** About the Policyholder), you should check with the local authorities whether there are any further healthcare requirements with which you are expected to comply.

Please be aware of the following points before you start to complete this form

- If you are completing this form by hand, please use BLACK INK and write in BLOCK **CAPITALS** throughout.
- If you are completing this form digitally, please print it out once completed and sign the **7 Declaration** before returning it to us.
- If you have a Broker who is going to complete this form on your behalf using the information you have provided, you must read all of the questions and answers carefully before signing **7 Declaration** at the end. Your Broker is acting on your behalf in this respect.
- If you need extra space, please use 6 Additional Information.

form you will need

- To complete this application Details of medication or treatment that you are currently and have received within the last five years.
 - · Your payment details.

Once you've completed your application

- Please check your details carefully and make sure you have signed and dated the 7 Declaration.
- Completed applications can be emailed to us at intsales@axa-ppp.co.uk, however we can't accept digital signatures so you must print, sign and scan 7 Declaration.
- Return the completed form to us at AXA PPP International, Forest Road, Tunbridge Wells, Kent, TN2 5FE, UK.
- Please keep a record of all information supplied in connection with this application, including any letters you send us. We can send you a copy of this application, providing you let us know within three months.

1 About the Policyholder

Please remember to use **BLACK INK** and write in **BLOCK CAPITALS** throughout

1.1 Full name and title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Rev				
Please ensure you give all middle names.	Other – please state				
	Forename(s) and middle name(s) in full				
	Surname				
1.2 Sex	☐ Male ☐ Female				
1.3 Date of birth	D D M M Y Y				
1.4 Nationality					
1.5 Occupation					
1.6 Is the Policyholder under 18?	No ▶ Go to question 1.7				
If the Policyholder is under 18,	Yes				
please give the full name of the Parent or Legal Guardian who	Full name of Parent or Legal Guardian				
will sign the Declaration and be contacted on their behalf. A Legal					
Guardian must have the authority to represent and act on behalf of the	Relationship to Policyholder				
Policyholder.					
1.7 Correspondence address					
This is where we will send the policy documents.	Postcode				
Please give full address details,					
including postal code and country where applicable.	Country				
1.8 Contact details	Telephone (Daytime)				
Please include country and area					
codes, where applicable. Please give the Parent or Legal	Telephone (Evening)				
Guardian's details if the Policyholder is under 18.					
	Email				
	Fax (if applicable)				
1.9 What is the Policyholder's					
principal country of residence? This is the address where all members					
covered will spend the majority of the					

year once this policy has started.

2 Additional family members to be covered

2.1	Do you wish to add any family members to the policy? Family members can include the Policyholder's: • spouse/partner • any children.	No ► Go to 3 About your policy Yes Give details of all family members below. If you need to add more than six family members, please use 6 Additional Information				
2.2	Family members to be covered	Family member 1				
	All members covered by this policy must have the same principal country of residence.	Full name and title				
	If the family member is still at school/ college, please give 'student' as their occupation.	Relationship to the Policyholder				
	oodpation.					
		Sex Male Female	Date of birth D D M M Y Y			
		Nationality				
		Occupation	,			
		Principal country of residence				
• • • • •		Family member 2				
		Full name and title				
		Relationship to the Policyholder				
		Sex Male Female	Date of birth D D M M Y Y			
		Nationality				
		Occupation				
		Principal country of residence				

2 Additional family members to be covered continued

2.2 Family members to be covered Family member 3 All members covered by this policy Full name and title must have the same principal country of residence. If the family member is still at school/ Relationship to the Policyholder college, please give 'student' as their occupation. Sex Date of birth ☐ Male ☐ Female M Nationality Occupation Principal country of residence Family member 4 Full name and title Relationship to the Policyholder Sex Date of birth Male Female Nationality Occupation Principal country of residence

2 Additional family members to be covered continued

2.2 Family members to be covered Family member 5 Full name and title All members covered by this policy must have the same principal country of residence. If the family member is still at school/ Relationship to the Policyholder college, please give 'student' as their occupation. Sex Date of birth ☐ Male ☐ Female M Nationality Occupation Principal country of residence Family member 6 Full name and title Relationship to the Policyholder Sex Date of birth Male Female Nationality Occupation Principal country of residence

If you need to add more than six family members ▶ Use 6 Additional information

3 About the policy

For full details on the different types of cover available, optional upgrades you may include and excess levels, please refer to axapppinternational.com or ask your Broker.

3.1	On what date would you like cover to start?	D D M	MY	Y			
	If you want the policy to start immediately, it can be back-dated to the day that you apply, provided it is within 3 weeks of us receiving your application.						
3.2	What type of cover do you require?	Prestig	ge Plus				
	Choose one type of cover only and tick any optional upgrades you wish to include. Different optional upgrades are available depending on the type of cover and will apply to all members covered by this policy.	☐ Denta	optional up al cover	ogrades yo	u wish to include		
		ComprehensiveTick any optional upgrades you wish to include□ Dental cover□ Travel insurance					
		Out-p		_	u wish to include		
3.3	Do you need the policy to cover the USA?	□ No □	Yes				
3.4	In what currency would you like to pay your premium and receive any benefits?	£ Sterlin	ng 🗌 \$ (JS Dollar	€ Euro		
	Choose one currency only						
3.5	What excess level do you require?	☐ No exce	ess				
	Choose one level of excess only Excess will be applied in the same	Level 1	£100	\$160	€125		
	currency that you have selected to pay your premiums in question 3.4	Level 2	£250	\$400	€320		
	pay year promotion in quotien or i	Level 3	£500	\$800	€640		
		Level 4	£1,000	\$1,600	€1,275		
		Level 5	£2,000	\$3,200	€2,550		

4 Confidential medical history

You must take reasonable care to provide accurate and complete answers to all questions.

If you do not take reasonable care and the information provided by you is inaccurate or incomplete then depending on the circumstances, we may take one or more of the following actions:

- Cancel your policy
- Declare your policy void (treating your policy as if it had never existed)
- · Change the terms of your policy; or
- · Refuse to deal with all or part of any claim or reduce the amount of any claim payments.

We may ask you to provide further information and/or documentation to ensure that the information you provided when taking out, making changes to or renewing your policy was accurate and complete.

Please do not assume that we will carry out any searches or contact any other person to check the answers to any of the questions on this proposal form or any of the information provided in response to these questions. It remains your responsibility to complete the proposal form and check that the information within it is accurate and complete.

In your answers, please include:

- Member name
- Symptoms / Condition / Diagnosis
- The area of the body affected (eg right leg, left eye).
- · Date of onset, frequency & severity of symptoms, date of last symptoms
- Details of any past or current medication or treatment
- Current status (eg fully recovered/on-going)

Please note: By treatment we mean surgical or medical services (including medication prescribed by a specialist)

	that are needed to diagnose, relieve or cu	ure a disease, illness or injury.
4.1	Have you or any members of your family (if included in this application) consulted with a medical practitioner, been admitted	No ► Go to question 4.2 Yes Give details here
	to hospital or nursing home, or suffered from an intermittent or recurring illness during the last five years?	
		If you need more space ▶ Use 6 Additional information
		If you fleed filole space P use o Additional information
4.2	Have you or any members of your family (if included in this application) consulted with a medical practitioner	No ➤ Go to question 4.3 Yes Give details here
	in the past 12 months?	
		If you need more space ▶ Use 6 Additional information

4 Confidential medical history continued

5 Payment options

5.1	How do you want to pay	By Direct Debit							
	your premiums?	☐ Annually ☐ Quarterly							
	Tick one box only. If you choose to pay annually, you	Monthly							
	will receive a 5% discount on	Now complete DD Direct Debit Instruction on	the	e n	ext pa	ge.			
	your premium.	By Credit Card/Debit Card							
	Direct Debits can only be accepted	Monthly							
	from £ Sterling bank accounts with a valid UK Sort Code.	☐ Annually ☐ Quarterly							
		Now complete CC Credit Card Authorisation b	elo	W.					
		By Cheque							
		☐ Annually							
		Quarterly							
		Now complete 7 Declaration .							
		By Bank Transfer							
		☐ Annually ☐ Quarterly							
		Now complete 7 Declaration.							
CC	Credit Card Authorisation	Card type							
	Only applicable if you have selected to pay premiums	Mastercard Visa							
	monthly by Credit Card.	Cardholder's name (as printed on card)							
	We only accept MasterCard or Visa.	The state of the s							
		Card number		Expiry date					
					D D	M	М	Υ	V
					ם כ	IVI	IVI		
		Card billing address							
		Postcode							
		Country							
		I authorise AXA PPP International to charge to my MasterCard or Visa account unspecified amounts in respect of my AXA PPP International premiums as and when they become due, until this instruction is cancelled by my giving written notice to AXA PPP International. I understand I will be given at least 7 days notice of any premium increase.							nd
		Cardholder's signature		Da	ate				
				C	D D	М	M	Υ	Υ
		Now go to 7 Declaration .							

5 Payment options continued

DD Direct Debit Instruction

In Only applicable if you have selected to pay premiums monthly by Direct Debit

Direct Debits can only be accepted from £ Sterling bank accounts with a valid UK Sort Code.

Name(s) of account holder(s)								
Bank/Building society account number	Sort code							
Name and address of your bank or building soo	ciety							
Pos	stcode							
Country								
Reference								

Instruction to your Bank or Building Society

Please pay AXA PPP International 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 International and, if so, details will be passed electronically to my Bank/Building Society.

Signature	Date	9				
	D	D	M	M	Υ	Υ

Banks and building societies may not accept Direct Debit Instructions for some types of account

▶ Now go to **7 Declaration**.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit AXA PPP International will notify you 7 working days in advance of your account being debited or as otherwise agreed. If you request AXA PPP International to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by AXA PPP International or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when AXA PPP International limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

6 Additional information

Please use this section if you need more space to answer any questions.

If you don't need more space ▶ Now go to **7 Declaration**.

In your answers, please include:

- Question number
- Member name

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7 Declaration

Please read the Data Protection Notice and following declarations carefully, and only sign below if you understand and accept them.

If the Policyholder is under 18, the Parent or Legal Guardian named in **1 About the Policyholder** must accept and sign on their behalf.

Data Protection Notice

Before you sign and return this form please show the statement opposite to anyone over 16 that you wish to cover on this plan, or inform them of its contents.

By signing and returning this form you indicate that you have authority to give consent on behalf of any family members covered by your policy and, on your own and their behalf, you consent to the use of personal information as set out in the Data Protection Notice opposite.

To set up and manage your plan, we (AXA PPP healthcare Limited) will hold and use information about you and any of your family members. This information may have been supplied by you, those family members or healthcare providers. Please only provide us with sensitive information (such as health information) about family members aged over 16 if you have their consent to do so. If you give us this information we'll take this as confirmation that you have that consent.

We use other companies to do some of our work for us and to run and improve our computer systems. As well as communicating with your healthcare providers we provide non sensitive information to your intermediary (if you use one). We transfer information to countries outside the European Economic Area (EEA) where the laws protecting personal information are not as strong as in the EEA. We take steps to make sure that companies working for us give an appropriate level of protection.

The Policyholder is the legal owner of the plan. We send most of our written communications about the plan and about claims to the Policyholder. If any person over 18 that you intend to cover under the plan doesn't want us to do this that person should apply for their own plan.

By signing this form the Policyholder confirms that:

- any family members have agreed that the Policyholder can act for them to set up this plan
- the Policyholder consents on behalf of those family members and themselves to AXA PPP healthcare Limited using personal information in the ways described above.

We may pass information directly to third parties or by using shared databases. These third parties will include other insurers and law enforcement agencies. This is to prevent or investigate crime, including fraudulent or other improper claims. In some circumstances we must give information about our suspicions of crime to law enforcement agencies. We must let the relevant regulatory body know when we have good reason to question a healthcare provider's fitness to practice.

If any person would like details of the information that we hold about them they should write to the Data Protection Manager, AXA PPP healthcare Limited, PPP House, Vale Road, Tunbridge Wells, TN1 1BJ. We charge a fee for this service.

By signing and returning this form you agree that we, and other members of the AXA UK Group, may use the information you've given us to inform you by letter, telephone, email or mobile message of products and services, such as special offers and healthcare information unless you tick this box to show otherwise \square . You may change your mind at any time by contacting us at AXA PPP International, Forest Road, Tunbridge Wells, Kent, TN2 5FE, UK.

You understand that some countries require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements and that the cover offered by AXA PPP International may not meet these country specific requirements and therefore additional cover may be necessary. You further understand that in some situations there may be consequences in the form of tax penalties or otherwise where a resident does not hold the required local cover in addition to their international medical insurance policy. If you have any concerns about any additional cover requirements in your principle country of residence (as defined in 1 About the Policyholder), you understand that it will be your responsibility to check with the local authorities to determine whether there are any further healthcare requirements with which you are expected to comply.

Declaration

- a) I declare that:
 - to the best of my knowledge and belief the statements on this application form are full, true and correct
 - I shall read the policy handbook when received and that I agree to be bound by it unless
 I shall cancel the enrolment within 14 days of acceptance of my application by AXA PPP International.

I agree that the acceptance of my application by AXA PPP International shall be on the basis of these statements.

- b) I understand that if there are changes in the information I have given before the start date of my policy, I must inform AXA PPP International in writing immediately.
- I understand that once the policy has started, AXA PPP International will not pay for treatment of any medical condition (or related medical condition) which the member(s) already had when they joined unless fully disclosed on this application and accepted by AXA PPP International. This includes any such medical condition(s) or symptoms, whether or not being treated and any previous medical condition(s) which recurs, or which you should reasonably have known about even if you had not consulted a doctor.
- d) I understand that as the legal holder of this insurance policy, you will send all correspondence about this application, including claims correspondence, to me, the Policyholder, unless I write to tell you otherwise. I also understand that you will issue policy documents, written communications and membership details in English unless you and I have specifically agreed, in writing, to communicate in a different language.
- e) By signing and returning this form I confirm that the declarations set out in this application are correct and that I have the authority to enter this policy on behalf of any family members.

Policyholder signature	Date	9				
	D	D	M	M	Y	Y
If the Policyholder is under 18, this form must be signed by their parent/legal go	If the Policyholder is under 18, this form must be signed by their parent/legal guardian					
Signatory's full name						