

# International Health Plan

## Individual application form

Full Medical Underwriting (FMU)

# Welcome to AXA PPP International

■ If you are completing this form by hand, please use **BLACK INK** and write in **BLOCK CAPITALS** throughout

■ To help speed up your application, please give us your quotation number if relevant

This can be found on your quote letter

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■ 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).

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

- ✗ **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.

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## 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**.

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## To complete this application form you will need

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

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## 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](mailto: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

Please ensure you give all middle names.

Mr  Mrs  Miss  Ms  Dr  Rev

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
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## 1.4 Nationality

## 1.5 Occupation

## 1.6 Is the Policyholder under 18?

If the Policyholder is under 18, please give the full name of the Parent or Legal Guardian who 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 Policyholder.

**No** ▶ Go to question 1.7

**Yes**

Full name of Parent or Legal Guardian

Relationship to Policyholder

## 1.7 Correspondence address

This is where we will send the policy documents.  
Please give full address details, including postal code and country where applicable.

Postcode	
Country	

## 1.8 Contact details

Please include country and area codes, where applicable.

Please give the Parent or Legal Guardian's details if the Policyholder is under 18.

Telephone (Daytime)

Telephone (Evening)

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

**i** All members covered by this policy must have the same principal country of residence.

If the family member is still at school/college, please give 'student' as their occupation.

#### Family member 1

Full name and title

Relationship to the Policyholder

Sex

Male  Female

Date of birth

D	D	M	M	Y	Y
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Nationality

Occupation

Principal country of residence

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#### Family member 2

Full name and title

Relationship to the Policyholder

Sex

Male  Female

Date of birth

D	D	M	M	Y	Y
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Nationality

Occupation

Principal country of residence

## 2 Additional family members to be covered continued

### 2.2 Family members to be covered

 All members covered by this policy must have the same principal country of residence.

If the family member is still at school/college, please give 'student' as their occupation.

#### Family member 3

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

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#### Family member 4

Full name and title

Relationship to the Policyholder

Sex

Male  Female

Date of birth

D	D	M	M	Y	Y
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Nationality

Occupation

Principal country of residence

## 2 Additional family members to be covered continued

### 2.2 Family members to be covered

 All members covered by this policy must have the same principal country of residence.

If the family member is still at school/college, please give 'student' as their occupation.

#### Family member 5

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

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#### Family member 6

Full name and title

Relationship to the Policyholder

Sex

Male  Female

Date of birth

D	D	M	M	Y	Y
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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 [axappinternational.com](http://axappinternational.com) or ask your Broker.

#### 3.1 On what date would you like cover to start?

D	D	M	M	Y	Y
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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?

 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.

**Prestige Plus**

**Prestige**

Tick any optional upgrades you wish to include

Dental cover

**Comprehensive**

Tick any optional upgrades you wish to include

Dental cover

Travel insurance

**Standard**

Tick any optional upgrades you wish to include

Out-patient treatment

Travel insurance

#### 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?

£ Sterling  \$ US Dollar  € Euro

 Choose one currency only

#### 3.5 What excess level do you require?

 Choose one level of excess only

Excess will be applied in the same currency that you have selected to pay your premiums in question 3.4

**No excess**

**Level 1** £100 \$160 €125

**Level 2** £250 \$400 €320

**Level 3** £500 \$800 €640

**Level 4** £1,000 \$1,600 €1,275

**Level 5** £2,000 \$3,200 €2,550













# 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

**i** 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.

**i** 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 . 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.
- c) 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

D	D	M	M	Y	Y
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If the Policyholder is under 18, this form must be signed by their parent/legal guardian

Signatory's full name

PB54682/10.15

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We may record and/or monitor calls for quality assurance, training and as a record of our conversation.