



WEHBE INSURANCE SERVICES LLC

Ministry of Economy – Registration No 106 of Year 1997

Expacare Individual Application Form

E&OE

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Expacare – Individual international healthcare plans: Application form

If you have any queries please call us on +44 (0)1344 381650. Send or fax your application to us at Expacare, First Floor, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom (fax +44 (0)1344 381690) or to your insurance broker.

1. Main Applicant

First Name: _____
Last Name: _____
Postal Address: _____

Telephone: _____
Email: _____
Country of Overseas Residence: _____
Nationality: _____
Occupation: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Male Female

2. Your Partner

First Name: _____
Last Name: _____
Country of Overseas Residence: _____
Nationality: _____
Occupation: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Male Female

3. Child Dependants

First Name: _____
Last Name: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Country of overseas residence: _____
Male Female
First Name: _____
Last Name: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Country of overseas residence: _____
Male Female

First Name: _____
Last Name: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Country of overseas residence: _____
Male Female
First Name: _____
Last Name: _____
Date of Birth (DD/MM/YY): DD / MM / YYYY
Country of overseas residence: _____
Male Female

4. Your Doctor

Please give details of your regular physician or a physician with whom you have consulted in the last two years:

Name: _____
Address: _____

Telephone: _____

5. Plan and Excess Choice

	No additional excess	£50 excess	£250 excess	£500 excess	£1,000 excess
Standardcare		not available	not available		
Executivcare			not available		
Specialcare			not available		
Valuecare*					

£50 excess applicable to each insured person, for each medical condition, for each certificate period. £250, £500 & £1,000 excess applicable per person, per certificate period (or the US\$ / Euro () equivalent).

* Valuecare carries an automatic £25 excess on outpatient benefits which can be increased to £50.

Where did you hear about Expacare? _____

6. Area of Cover

Area 1 Europe

Area 2 Excludes USA, Canada & Caribbean

Area 3 Worldwide

7. Date you want cover to start: DD / MM / YYYY

8. Payment Details (cheque)

Please indicate the amount and currency you wish to pay in:

£ Sterling US\$ Euro

I enclose a cheque for: (£/\$/)

Please note that only US\$ plans are available in the Middle East and Indonesia

or:

9. Credit or Charge Card Payment

I hereby authorise that the Card Account specified below may be debited with the correct premium due and all subsequent renewal premiums due as notified by Expacare Insurance Services until I give notice in writing that I wish to terminate this agreement. I understand that Expacare will give 4 weeks notice of renewal and that the premiums will vary each year. I understand that Expacare Insurance Services cannot be held liable if my Policy is lapsed should the credit/charge card be declined and I do not respond to requests for alternative methods of payment.

Card Number:

Expiry date (DD/MM/YY):

Cardholder's name as it appears on the card:

Signature of cardholder:

Address where charge bills are sent:

10. Duty of Disclosure

We would like to take this opportunity to remind you of your continuing duty of disclosure as detailed below:

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers.

In this respect, you must provide all information relating to a risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to avoid the contract from its commencement, which may lead to claims not being met.

11. Declaration

I hereby apply to be enrolled in the Plan together with the persons to be insured listed above. I declare that to the best of my knowledge on behalf of all persons to be insured under this application that I have read and understood fully the policy exclusions including for pre-existing conditions. It is agreed that this declaration and information given in this application shall form the basis of the contract(s) between the Insured Person(s) and the Insurer. I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998 on behalf of myself and any family members specified on this form, for Expacare Insurance Services to process our personal information with respect to our membership and confirm that I have brought the Data Protection Notice to the attention of these family members.

Signature:

Date (DD/MM/YY): DD / MM / YYYY

12. Data Protection Notice

We take our responsibility for confidentiality very seriously. Any information you give us will be held securely and fairly in accordance with the Data Protection Act 1998.

How we may use your personal data or disclose it to third parties:

- › To administer your plan and process your claims
- › To liaise with treatment providers about treatment and costs
- › To process claims that are also covered by another insurer or third party
- › To help us develop services we think will be in your interest
- › For statistical analysis to help us assess how the scheme you belong to is being used
- › To detect fraud and improper claims

Giving you information:

- › We may contact you by letter, telephone or electronic mail about services or products that we believe you may be interested in. If you do not wish to receive such information, please tell us.
- › You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information.

Communication:

- › We may monitor any communication we have with you, including telephone conversations to ensure we have an accurate record, and have followed your instructions.

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