

## **Thank you for downloading this information.**

For more information, advice or for a free quote, please contact our global head office at the address below who will redirect you to a regional office located near you:

Tel: (852) 3113 1331  
Fax: (852) 2915 7770  
Email: [info@pacificprime.com](mailto:info@pacificprime.com)

Address: Unit 1-11, 35<sup>th</sup> Floor,  
One Hung To Road,  
Kwun Tong,  
Hong Kong.

If you would like to submit an application to us, you can fax, email or post the completed form to us at the above address.

# 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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## Pacific Prime International Limited

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:

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

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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# Contact Information

In order to help us work with you more effectively we ask you to complete the following contact data sheet. By completing this fully then we will be able to ensure you get the best possible service even though you may change your employer, country or location.

## Policyholder

Mr  Mrs  Ms  Miss  Other: ..... Family Name: .....  
Given Name: ..... Middle Name(s): .....  
Home Address: .....  
..... Country: .....

## **Contact info in the country you now live in**

Mobile: ..... Home: ..... Work: .....  
Personal email (1): ..... Personal email (2): .....  
Work email: ..... Employer: .....  
Employers address: .....  
..... Country: .....

## **Permanent contact information in your home country**

Mobile: ..... Home: ..... Work: .....  
Permanent Address: .....  
..... Country: .....

## Spouse

Mr  Mrs  Ms  Miss  Other: ..... Family Name: .....  
Given Name: ..... Middle Name(s): .....

## **Contact info in the country you now live in**

Mobile: ..... Work: .....  
Personal email (1): ..... Personal email (2): .....  
Work email: ..... Employer: .....  
Employers address: .....  
..... Country: .....

## Emergency Contact Person

In the event of an emergency whereby we are unable to contact you or your spouse or should you be incapacitated then please provide us with the permanent contact details of an immediate family member who we should contact in this situation.

Family Name: ..... Given Name: .....  
Mobile: ..... Home: ..... Work: .....  
email: ..... Relationship to you: .....  
Home address: .....  
..... Country: .....

Please help us by keeping us fully informed of all changes to your contact details as soon as possible. Please note all information given to us is only used to help us manage your insurance policy and is never used for any other purpose.