

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

Address: Unit 1-11, 35th 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.

Application Form

Please contact us on +44 (0)1344 381650 if you have any queries. Please send your application form to us at Expacare, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom or by fax on +44 (0)1344 381690 or return 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): _____
 Male Female

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

2. Your Partner

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

Nationality: _____
 Male Female

4. Your Doctor

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

Name: _____
 Address: _____

 Telephone: _____

3. Child Dependants

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

5. Plan and Excess Choice

	No additional excess	£50 excess	£500 excess	£1,000 excess	£2,000 excess	£5,000 excess
Standardcare		not available				
Executiveware						
Specialcare						

£50 excess applicable per person, per medical condition, per certificate period. £500, £1,000, £2,000 and £5,000 excess applicable per person, per certificate period (or the US\$ / Euro (€) equivalent).

6. Area of Cover

Area 1 Europe

Area 2 Excludes China, USA and the Caribbean

Area 3 Worldwide

7. Date you want cover to start:

8. Payment Details

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

Payment Frequency:

Annual Six-monthly* Quarterly*

*An administration fee of 2% on the six-monthly and 4% quarterly options will be charged.

9. Credit or Charge Card Payment and authorisation for automatic renewal

I hereby authorise that the Card Account specified below may be debited with the correct premium due and all subsequent installments and renewal premiums due as notified by Expacare Limited until I give notice in writing that I wish to terminate this agreement. I authorise that Expacare can retain the below credit card details. All credit card details are stored securely and in accordance with PCI guidelines.

I understand that Expacare will give 4 weeks notice of renewal and that the premiums will vary each year. Please be advised that any refunds due will be made to this credit card.

I understand that Expacare Limited 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 both at inception of the policy and throughout the policy term.

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 they 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 inception, which may lead to claims not being met.

11. 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 tick here
- › 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.

Your personal data may be transferred outside of the European Economic Area for processing. Any transfer of your data is done in circumstances ensuring that your data is processed only in accordance with the Data Protection Act 1998. By signing this Application Form you consent to such transfer of your data.

12. 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 the Plan Overview 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 Limited 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):

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.