

International Health and Hospital Plan HONG KONG • Application Form A



(Please use block letters)

For administration use

Ref.		Policy Number		-	
Date		#			

Commencement date*

I / we request that the policy commences from day month year

*We will confirm to you the commencement date of your policy. Waiting periods may apply as set out in your policy conditions.

Policyholder

First name(s)				
Family name(s)				
Date of birth (day/month/year)	<input type="text"/>	Sex (M/F)	<input type="text"/>	
Address				
Address				
Postal Code	<input type="text"/>	City	<input type="text"/>	
Country				
Telephone	<input type="text"/>	Fax	<input type="text"/>	
Email				

Dependants

First name(s)		Date of birth (day/month/year)	
Family name(s)		Sex (M/F)	<input type="text"/>
First name(s)		Date of birth (day/month/year)	
Family name(s)		Sex (M/F)	<input type="text"/>
First name(s)		Date of birth (day/month/year)	
Family name(s)		Sex (M/F)	<input type="text"/>
First name(s)		Date of birth (day/month/year)	
Family name(s)		Sex (M/F)	<input type="text"/>

Reimbursement via bank transfer

If you would like us to transfer future reimbursements to your bank account, please state:

Account holder's name(s)			
Name of bank			
Bank address			
Postal Code	<input type="text"/>	City	<input type="text"/>
Country			
<input type="radio"/> Transfer to Danish account:	Reg. No.	<input type="text"/>	Account No. <input type="text"/>
<input type="radio"/> Transfer to foreign account:	Account No./IBAN No.	<input type="text"/>	
	Swift No.	<input type="text"/>	

Preferred reimbursement currency

Please state currency

Online customer sign up

I hereby sign up as an online customer with Bupa (Asia) Ltd. As an online customer, I will receive all documents and correspondence from Bupa (Asia) Ltd. via my personal site myPage on www.ihl.com. I am responsible for checking all documents and correspondence online. I can get more information on www.ihl.com/services.

Intermediary's access to documents

In the event that I am represented by an intermediary, I hereby accept that my intermediary will get access to my documents online on his/her personal and secure ihl Bupa website.

Cover - please choose modules, currency and deductible by ticking the relevant boxes

<p>Choice of modules</p> <p><input checked="" type="radio"/> Hospital Plan</p> <p><input type="radio"/> Module 1 - Non-Hospitalisation Benefits</p> <p><input type="radio"/> Module 2 - Medicine & Appliances</p> <p><input type="radio"/> Module 3 - Medical Evacuation & Repatriation</p> <p><input type="radio"/> Module 4A - Dental & Optical</p> <p><input type="radio"/> Module 4B - Dental & Optical</p>	<p>Choice of deductible / currency</p> <table border="0"> <tr> <td><input type="radio"/> Nil</td> <td><input type="radio"/> Nil</td> <td><input type="radio"/> Nil</td> </tr> <tr> <td><input type="radio"/> EUR 350</td> <td><input type="radio"/> GBP 250</td> <td><input type="radio"/> USD 400</td> </tr> <tr> <td><input type="radio"/> EUR 1,050</td> <td><input type="radio"/> GBP 750</td> <td><input type="radio"/> USD 1,600</td> </tr> <tr> <td><input type="radio"/> EUR 4,000</td> <td><input type="radio"/> GBP 2,750</td> <td><input type="radio"/> USD 5,000</td> </tr> <tr> <td><input type="radio"/> EUR 8,000</td> <td><input type="radio"/> GBP 5,500</td> <td><input type="radio"/> USD 10,000</td> </tr> </table> <p>Please note that the chosen currency is binding.</p>	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> EUR 350	<input type="radio"/> GBP 250	<input type="radio"/> USD 400	<input type="radio"/> EUR 1,050	<input type="radio"/> GBP 750	<input type="radio"/> USD 1,600	<input type="radio"/> EUR 4,000	<input type="radio"/> GBP 2,750	<input type="radio"/> USD 5,000	<input type="radio"/> EUR 8,000	<input type="radio"/> GBP 5,500	<input type="radio"/> USD 10,000
<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil														
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<input type="radio"/> EUR 8,000	<input type="radio"/> GBP 5,500	<input type="radio"/> USD 10,000														

Premium payment

Annual Semi-annual Quarterly

Request for payment from a bank or another address, if different from residential address (Not possible for online customers)

Name(s)																					
Address																					
Address																					
Postal Code						City															
Country																					
Account No. (if bank)																					

Request for payment by international credit card

I / we wish to pay the premium via credit card. ihl Bupa will charge the credit card directly on behalf of Bupa (Asia) Ltd.

American Express Visa Eurocard / Mastercard

JCB Diners

Card no.

Expiry date (m/y) CVC code*

*CVC code: The last three/four digits after the card number on the back of the card or the last three digits in the signature field.

Cardholder's data if cardholder and policyholder are not the same person:

Name(s)																					
Address																					
Address																					
Postal Code						City															
Country																					

I also authorise ihl Bupa on behalf of Bupa (Asia) Ltd. until further notice in writing, to charge my credit card account with unspecified amounts in respect of my premium payments as and when these become due. Bupa (Asia) Ltd. will inform me in advance of any premium adjustments.

Cardholder's signature _____ **Date** _____

