

Application form

Please complete this form and return it to your agent/insurance broker. It is important that you complete this form fully. Failure to do so may result in the form being returned to you for completion. All proposals are reviewed prior to acceptance and therefore no cover shall be granted until confirmation is provided.

1 Your personal details

Title	Forename(s)	Surname	
Date of birth	Height	Weight	
Overseas address			Post/Zip code
Phone	Mob	Fax	Email
Home address			Post/Zip code
Occupation		Occupation of spouse	
Nationality	Country of residence	Home country (for which you have a passport)	
How long have you been resident in your country of residence (years/months)?			
Have you or any of the people to be included in the proposal, ever been refused cover by an insurance company or been accepted on special terms? (If yes provide details on a separate sheet)			Yes No

2 Cover required

Date upon which annual cover to commence, or the date on which your proposal is accepted by insurers, whichever is the later				
Choose your area of cover	Europe	Worldwide excluding Asia and the USA		Worldwide
<i>If you wish to be able to have treatment within Asia you need to select Worldwide.</i>				
Choose your level of cover	Standard Premium	Standard Plus Elite	Comprehensive Home country evacuation module (120 adult/75 child)	
Please select the annual excess you wish to apply to your policy	Nil 2500	100 5000	250	500 1000
Please specify the currency in which you wish to pay premiums and receive benefits	US Dollar \$		Sterling £	Euro €

4 Confidential medical declaration — continued

1. Are any medical/surgical/dental consultations and/or procedures (including x-ray lab or other testing) recommended, scheduled or contemplated for any applicant?	Yes	No
2. Has any applicant ever been refused medical or dental insurance, or ever had a policy postponed, rated or accepted on special terms?	Yes	No
3. Has any applicant been examined by, consulted with, or received medical treatment from a physician in the last 12 months?	Yes	No
4. Has any applicant been examined by, consulted with, or received medical treatment from a medical specialist or consultant in the last 4 years?	Yes	No
5. Has any applicant been confined (stayed overnight) in a hospital, clinic, sanatorium, or other treatment facility in the last 4 years?	Yes	No

Has any applicant listed had any disease or impairment of or suffered any symptoms or required any medication, treatment or hospital consultation(s) for the following? - *Please answer all questions.*

1. AIDS/ARC/HIV	Yes	No
2. Alcohol dependency or drug/substance abuse	Yes	No
3. Anaemia or any blood disorder	Yes	No
4. Arthritis, or any disorder of any muscles or joints	Yes	No
5. Asthma, bronchitis or any other respiratory disorder	Yes	No
6. Back/spine/neck	Yes	No
7. Blood pressure/hypertension	Yes	No
8. Blood vessels/clots/circulatory system	Yes	No
9. Bones (including fractures)	Yes	No
10. Brain/head	Yes	No
11. Cancer, tumour, growth or cyst	Yes	No
12. Carpal tunnel syndrome	Yes	No
13. Cerebrovascular disease/disorder or stroke	Yes	No
14. Chest pains, palpitations, heart murmur, angina, heart attack or any other heart disorder	Yes	No
15. Cystic fibrosis	Yes	No
16. Dental/gum disease	Yes	No
17. Diabetes	Yes	No

4 Confidential medical declaration — continued

18. Ears, eyes, nose or throat	Yes	No
19. Epilepsy, convulsions, seizures, fits	Yes	No
20. Gastrointestinal disorder (stomach/intestines)	Yes	No
21. Gout	Yes	No
22. Hernia	Yes	No
23. Immune system disorder	Yes	No
24. Injury, operation, physical defect or deformity	Yes	No
25. Kidney/bladder/urinary tract	Yes	No
26. Liver, gall-bladder, pancreas or spleen	Yes	No
27. Lungs/breathing	Yes	No
28. Mental/nervous disorder	Yes	No
29. Neurological/nervous system	Yes	No
30. Paralysis	Yes	No
31. Prostate	Yes	No
32. Rheumatic fever	Yes	No
33. Reproductive disorder or infertility	Yes	No
34. Skin	Yes	No
35. Sleep disorder	Yes	No
36. Stroke	Yes	No
37. Surgical operation	Yes	No
38. Ulcer	Yes	No
39. Urinary abnormality	Yes	No
40. Other medical condition not listed	Yes	No

Please give the name and address of your personal/family physician(s) including zip/postcode. - *If there is a different family physician for each applicant, please provide all details and indicate which physician applies to each applicant*

4 Confidential medical declaration — continued

Additional information

Please use this space to provide details if you answered "Yes" to any of the questions in the rest of Section 4. If you require additional space, please continue on a separate sheet.

Question no.	Applicant name	Details	Dates	Diagnosis	Treatment/current status

Consent authorisation

To all physicians and medical practitioners, hospitals and other medical facility: my signature below provides my authorisation for you to provide Morgan Price International Healthcare Limited and their Insurers with any information requested in connection with my application for me or any of the family members named on this application.

Signature of primary applicant _____ Date _____

5 Data Protection Act 1998

Morgan Price International Healthcare Ltd is registered under the data protection act 1998. We will collect information in the course of your dealings with us regarding your personal details (including but not limited to your sex, age, ethnic origin and state of health). Any information we do collect will only be used for the purpose of conducting our relationship with you and will be used for the purposes of underwriting your insurance cover, managing the policy we issue for you, and administering any claims you may make. We may need to transfer some or all of this information to our insurance underwriters, their claims handlers, medical assistance companies or other medical practitioners. You have the right to access any details that we hold about you and to amend or delete anything that you may believe is inaccurate or out of date. By signing this declaration you are consenting to us using the information we hold about you in the ways described above. Without this consent we are unable to offer you any insurance cover.

Declaration

- a. I/We have read the policy wording and I/we understand it to be part of the contract of insurance. In particular I/We have read, understand, and accept the definitions, benefits and exclusions of the policy.
- b. I/We have read, understand and accept section 5 of this proposal.
- c. To the best of my/our knowledge and belief the information given in connection with this proposal, whether in my hand or not, is true and I/we have answered all questions about this policy honestly and fully. I/We also understand that I/we must tell the insurer straight away if anything that I/we have already told the insurer changes. I/we understand that nondisclosure or misrepresentation of any facts may entitle the insurer to void the insurance. This proposal and the information provided in connection therewith contains statements upon which the insurers will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance.
- d. I/We understand that the signing of this proposal does not bind me/us to complete, or insurers to accept this insurance.
- e. If I/we have elected to pay our premium by instalments using credit or debit cards and Morgan Price have agreed to this, I/we authorise Morgan Price to continue to deduct such instalments as and when they become due unless I/we cancel this credit card authorisation by giving at least 14 days notice in writing. I/we understand that if I/we have made a claim, no refund will be due and I/we will have to pay any outstanding instalments due in the current period of cover.

Signature of primary applicant	Date
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6 Payment method

Please specify how you would like to pay	Annually by credit/debit card	Annually by cheque
	Semi annual by credit/debit card	Annually by bank transfer <i>- details supplied on request</i>
	Quarterly by credit/debit card	Monthly by credit/debit card
		Monthly by direct debit <i>- only available in the EU</i>

Additional surcharges - credit/debit card

Annual payment	0%
Semi annual payments	+4%
Quarterly payments	+5%
Monthly payments	+8%

For Amex payments add an additional 3.5% to the surcharges above (for USD payments only).

Additional surcharges - bank transfer

Annual bank transfer £10/€15/\$30

The bank transfer fee does not need to be included as long as the payee selects to pay all charges.

American Express cards can only be used for USD payments and incur a further 3.5% charge:

- i. If paying by credit/debit card please complete attached payment form
- ii. If paying by cheque, please remember to attach a cheque for the full annual premium to this form when you return it