

Application Form

(Please use block letters)

5076 <http://mainlyhealthplans.tel>

Admission

I/We wish to take out:

Single Trip from (d/m/y) _____ up to and including _____

Destination _____

Annual Travel as of (d/m/y) 01 _____

Do you wish to include the Non-Medical Option YES NO

Do you wish to include the Trip Cancellation Option YES NO

Please list all the persons to be covered by the policy

First name(s)	Last name	Date of Birth day/month/year	Age	Sex	Nationality	Premium
Policyholder		/ /				
Spouse/dependants		/ /				
		/ /				
		/ /				
		/ /				

USD EUR CHF GBP **Total Premium**

The premium for Single Trip is calculated per person as a basic premium and premium per travel day. The premium for IHI Annual Travel is calculated per person per year. Children under two years are insured free of charge but must be listed.

Premium payment

I hereby pay the premium by the enclosed cheque

I wish to pay the premium by credit card

American Express VISA Eurocard/MasterCard Diners JCB

Card No. _____ Expiry date (m/y) _____ CVC code _____

Name of card holder _____

Annual Travel

I also authorise Bupa Denmark, filial af Bupa Insurance Limited, England, until further notice in writing, to charge my credit card account with unspecified amounts in respect of my premium payment as and when this become due. The Company will inform me in advance of any premium adjustments.

Please note that the Company will need the original, signed form to be able to charge the credit card.

Cardholder's signature _____ Date _____

Other health insurance

Do you have another health insurance? YES with ihi Bupa YES, with another company NO

If YES, please state:

Company Name _____

Policy Number _____

Address in country of permanent residence

Postal address _____

Postal code _____ City _____ Country _____

Telephone _____ Fax _____

E-mail _____

Signature

I, the undersigned, agree that Worldwide Travel Options covers in the event of acute illness or accident, but that it does not cover pre-existing conditions which have come into existence before the insurance became effective, nor does it cover illnesses or other conditions related to such pre-existing conditions. I/We hereby give Bupa Denmark, filial af Bupa Insurance Limited, England permission to seek such information from doctors and hospitals concerning state of health as the Company deems necessary.

Date _____ Policyholder's signature _____

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