

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to access any details that we hold about you and to amend or delete anything that you may believe is inaccurate or out of date.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.

6. 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, particularly the one relating to pre-existing conditions.
- 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 not withheld any material facts. I / We understand that non-disclosure or misrepresentation of any material fact may entitle the insurer to void the insurance. A material fact is one which is likely to influence acceptance or assessment of this proposal by the insurer. If you are in any doubt as to whether a fact is material or not you must disclose it, on a separate sheet if necessary. 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 a credit or debit card 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/debit 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 Applicant: _____

Date: _____

7. Premium Payment

A. Payment Method

Choose your payment method and tick the relevant box:

- Annually by credit/debit card, cheque, bank transfer (details supplied on request)
- Semi-annually by credit/debit card
- Quarterly by credit/debit card
- Monthly by credit/debit card

Additional surcharges (credit/debit cards only):

Annual Payment	0%	(3.5% American Express)
Semi-annual Payment	+4%	(7.5% American Express)
Quarterly Payment	+5%	(8.5% American Express)
Monthly Payment	+8%	(11.5% American Express)
Annual Bank Transfer	£10 / €15 / \$18	

B. Credit/Debit Card Authorisation

I authorise you, until further notice in writing, to charge my credit/debit card account with unspecified amounts in respect of premiums for my GlobalTravel Explorer plan as and when these become due.

Card Type:

- Visa Mastercard American Express Other (Please specify) _____

Name on Card: _____

Card Number:

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Start Date:

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Expiry Date:

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Card Verification Code:

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Address of Cardholder if different from Applicant: _____

Signature of Cardholder: _____

Date: _____

Note: You must keep your credit/debit card details confidential and secure. For security reasons please do not email credit/debit card details to us. If you do so, it is entirely at your own risk. INT/Globalhealth Educator/20/04/11