Worldwide Travel Options

Application Form

(Please use block letters)

1850-000-00

Admission

I/We wish to take out:

◯ **Single Trip** from (dd/mm/yyyy) _____ up to and including _____

Destination _____

◯ **Annual Travel** as of (dd/mm/yyyy) _____

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

Do you wish to include the Trip Cancellation Option ◯ YES ◯ NO

Please choose currency ◯ USD ◯ EUR ◯ CHF ◯ GBP

Please list all the persons to be covered by the policy

Policyholder

First name(s) _____

Family name(s) _____

Sex (M/F) _____ Date of birth (day/month/year) _____ Age _____

Nationality _____ Premium _____

Spouse/dependants

First name(s) _____

Family name(s) _____

Sex (M/F) _____ Date of birth (day/month/year) _____ Age _____

Nationality _____ Premium _____

Spouse/dependants

First name(s) _____

Family name(s) _____

Sex (M/F) _____ Date of birth (day/month/year) _____ Age _____

Nationality _____ Premium _____

Spouse/dependants

First name(s) _____

Family name(s) _____

Sex (M/F) _____ Date of birth (day/month/year) _____ Age _____

Nationality _____ Premium _____

Spouse/dependants

First name(s) _____

Family name(s) _____

Sex (M/F) _____ Date of birth (day/month/year) _____ Age _____

Nationality _____ Premium _____

Total premium _____

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

ihi Bupa • Customer Service • 8 Palaegade • DK-1261 Copenhagen K • Denmark • Tel: +45 70 20 70 48 • Fax: +45 33 32 25 60 • Email: travel@ihi-bupa.com • www.ihi.com
Medical Centre: +45 70 23 24 61 / Email: emergency@ihi-bupa.com

ihi Bupa is the trading identity of Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England). CVR 31602742. Bupa Insurance Limited is registered in England No 3956433

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 ◯ 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

Date _____ **Cardholder's signature** _____

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 payments as and when these become due. ihi Bupa will inform me in advance of any premium adjustments.

Date _____ **Cardholder's signature** _____

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

Mobile phone

Fax

Email

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** _____

Print

289E1-44v1.2_Worldwide Travel Options_ENG_App