

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. Do you or anyone included in this proposal have any physical defect or infirmity? Yes No

| Applicant name | Details | Dates | Diagnosis | Treatment/current status |
|----------------|---------|-------|-----------|--------------------------|
|----------------|---------|-------|-----------|--------------------------|

2. Have you or anyone included in this proposal ever suffered from any recurring illness or injury, whether or not medical attention was sought? Yes No

| Applicant name | Details | Dates | Diagnosis | Treatment/current status |
|----------------|---------|-------|-----------|--------------------------|
|----------------|---------|-------|-----------|--------------------------|

3. Have you or anyone included in this proposal ever undergone a surgical operation or do you have reason to believe that a surgical operation will be required in the future? Yes No

| Applicant name | Details | Dates | Diagnosis | Treatment/current status |
|----------------|---------|-------|-----------|--------------------------|
|----------------|---------|-------|-----------|--------------------------|

4. Have you or anyone included in this proposal consulted with a medical practitioner in the last 5 years or will need to do so in the foreseeable future? Yes No

| Applicant name | Details | Dates | Diagnosis | Treatment/current status |
|----------------|---------|-------|-----------|--------------------------|
|----------------|---------|-------|-----------|--------------------------|

5 Moratorium

This policy has a two year moratorium. This means that pre-existing conditions will not be covered during the first two years of the policy. After this a pre-existing condition may be covered if a period of two consecutive years has elapsed since any symptoms, treatment, medication, tests or advice was received for that condition. Any medical conditions declared in Section 4 above are subject to the 2 year moratorium and your disclosure does not alter, amend, waive or constitute acceptance for cover of these declared medical conditions.

6 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 sections 5 and 6 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 |
|--------------------------------|------|

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