

International Health Plan

MORATORIUM APPLICATION FORM

For Office Use: Inception Date: / / Policy Number: Broker Code:

1. HOW TO APPLY

1. Complete all sections in full and sign the declaration ensuring you have understood all aspects of the application.
2. Complete the Method of Payment details.
3. Submit the application form to APRIL International UK.

Insurance Premium Tax will be added to the premium if you and/or your dependants are resident in a country where we are required to charge tax.

All correspondence from us (your Certificate of Insurance, Policy Guide, Claims Reimbursements etc.) will be sent via email. Your Insurance Identification Card will be sent to you by post.

PLEASE COMPLETE IN CAPITAL LETTERS

2. YOUR PERSONAL DETAILS

Title: Mr Mrs Ms Miss Other _____

Surname: _____ First Name(s): _____

What is your country of Nationality/home country citizenship? _____

(You are required to declare your country of residence for the purposes of this insurance contract. Your choice of country will determine any insurance premium taxes that may be payable. This forms part of the pre-contractual representations you make to the Insurer. This will be used to establish the Home Country of the Applicant and Dependents)

Please provide your principal country of residence _____

(This is the country where you will be living most of the time once your insurance cover is incepted, usually for a period of at least six months during your insurance policy year)

Will you maintain permanent residency status in your Country of Nationality/Home country citizenship? Yes No

If yes, please provide your address in your country of Nationality/home country citizenship

If no, please provide your address in your principal country of residence

Address: _____

City: _____ State/Region/County: _____

Postcode: Country: _____

Telephone: Email: _____

Occupation: _____

3. COVER REQUIRED (please tick)

Plans	Area of Cover	Voluntary Excess Options
International Plan	Area 1: Worldwide excluding USA & Caribbean	None
International Plus Plan	Area 2: Worldwide	£100/\$200/€150
Executive Plan		£250/\$500/€375
Executive Plus Plan		£500/\$1,000/€750
Waive Outpatient Excess*		£1,000/\$2,000/€1,500
		£2,500/\$5,000/€3,750
		£5,000/\$10,000/€7,500
		£10,000/\$20,000/€15,000

*applicable to the Executive Plus Plan only

4. REQUIRED START DATE (please tick)

On Acceptance

Other (please specify) / /

5. PERSONS TO BE INSURED

Please give details of all the persons to be covered under the plan

	Surname	First Names	Date of Birth	Gender	Country of residence	Area of cover
Applicant						
Spouse/Partner						
Child†						
Child†						
Child†						
Child†						

†Up to the age of 18, or 24 if still in full-time education. Evidence will be required. *Applicants aged 65 years and over are required to complete a full medical questionnaire.

6. DOCTOR DETAILS

Please give details of the doctor(s) who is(are) most familiar with your/your dependant(s) medical history

Doctor's Name: _____ Doctor's Name: _____

Address: _____ Address: _____

City: _____ City: _____

State/Region/County: _____ State/Region/County: _____

Postcode:

Postcode:

Country: _____ Country: _____

Telephone:

Telephone:

7. CHOICE OF JURISDICTION AND LANGUAGE OF CONTRACT

The insurance contract that is available to you is subject to the law and jurisdiction of the courts of England and Wales and documented in English language. Please tick below to confirm your acceptance:

I agree and accept the law and jurisdiction of England and Wales

I agree and accept the insurance contract presented in English language

(Please note that if you do not provide your acceptance, we may not be able to process your application)

8. DECLARATION

I hereby apply to be enrolled in the Plan together with the persons to be insured listed above. I/we declare that the information disclosed in this application form, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance. For my benefit and protection, I have read the Policy Guide carefully and requested further information on any points I do not understand. I understand the Policy Guide to be part of any contract of insurance issued as a result of this Application. I agree that they will be binding on me and all eligible dependants included in my membership. I acknowledge on behalf of all the persons to be insured that benefits will not apply to treatment arising from any pre-existing conditions as more fully defined in the Policy Guide.

By signing the declaration below you are confirming that you understand the English language and the terms of cover where they have been provided to you in English. If you are unsure of any terms conditions or exclusions please seek assistance from your insurance adviser before you sign.

Applicant's Signature

Date: / /

(On behalf of all persons to be insured)

Signing this application form does not bind you to enter into this insurance. No cover is in force until this application form is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance application or to offer different premium and terms from those quoted dependent on the information you have provided.

9. METHOD OF PAYMENT

Frequency of payment: Annual Quarterly (Credit Card payment only) Monthly (Credit Card payment only)

Premium amount: .

Currency: £GBP \$USD €EUR

Method of payment: Bank Transfer (Annual payment only) Credit/Debit Card

BANK TRANSFER

Please make bank transfers to the following accounts, instructing your bank to ensure that the transfer identifies you as the source

Account Name: APRIL International UK | **Bank:** Barclays | **Address:** 1 Churchill Place, London E14 5HP

Currency	Sort Code	Account No.	IBAN	SWIFT
£GBP	20-00-00	53869067	GB03BARC20000053869067	BARCGB22
\$USD	20-00-00	76383566	GB61BARC20000076383566	BARCGB22
€EUR	20-00-00	44928922	GB97BARC20000044928922	BARCGB22

CREDIT CARD DETAILS

Credit/Debit Card: Visa Mastercard Amex

I authorise APRIL International UK Limited to debit the following credit/debit card for the premium amount indicated:

Card No.

Expiry Date: / Security Code: (Last 3 digits on back of card or if AMEX 4 digits on front of card)

Name of Cardholder: _____

Card Billing Address: _____

City: _____ State/Region/County: _____

Postcode: Country: _____

Signature of Cardholder

Date: / /

10. SUBMITTING YOUR APPLICATION

By Post: APRIL International UK,
Minster House, 42 Mincing Lane,
London EC3R 7AE, United Kingdom

By Email: info@april-international.co.uk

11. IMPORTANT INFORMATION

Data Privacy

For full information about how we process and protect your personal information please refer to our Privacy Policy which can be viewed by clicking on the site terms and conditions on our website www.april-international.co.uk.

How We Use Your Information

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, insurance mediation, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data, we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- > It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as providing you with information about your quote, assessing your application, managing your policy, handling claims and providing other services to you.
- > We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records, developing, improving our products and services, and providing information about our products and services to you.
- > We have a legal or regulatory obligation to use such personal information.
- > We need to use such personal information to establish, exercise or defend our legal rights.
- > You have provided your consent to our use of your personal information, including special category data.

How we share your information

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following types of third parties:

- > Insurers, Reinsurers, Regulators and Authorised/Statutory Bodies
- > Fraud prevention agencies
- > Crime prevention agencies, including the police
- > Suppliers carrying out a service on our behalf
- > Other insurers, business partners and agents
- > Other companies within the APRIL Group

As we operate as part of a global business, we may transfer your personal information outside the European Economic Area (EEA) for these purposes where adequate protection is in place.

Marketing

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering we may check your details with fraud prevention agencies and sanction websites, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

We may also conduct credit reference checks in certain circumstances. You can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used.

Automated Decisions

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

Contact Us

Please contact us if you have any questions about our privacy policy or the information we hold about you.



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