

## Expacare – Individual international healthcare plans: Application form

If you have any queries please call us on +44 (0)1344 381650. Send or fax your application to us at Expacare, First Floor, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom (fax +44 (0)1344 381690) or to your insurance broker.

### 1. Main Applicant

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Overseas Residence: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Male  Female

### 2. Your Partner

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country of Overseas Residence: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Male  Female

### 3. Child Dependants

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Country of overseas residence: \_\_\_\_\_

Male  Female

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Country of overseas residence: \_\_\_\_\_

Male  Female

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Country of overseas residence: \_\_\_\_\_

Male  Female

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ DD / MM / YYYY

Country of overseas residence: \_\_\_\_\_

Male  Female

### 4. Your Doctor

Please give details of your regular physician or a physician with whom you have consulted in the last two years:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

### 5. Plan and Excess Choice

	No additional excess	£50 excess	£250 excess	£500 excess	£1,000 excess
Standardcare		not available	not available		
Executiveware			not available		
Specialcare			not available		
Valuecare*					

£50 excess applicable to each insured person, for each medical condition, for each certificate period. £250, £500 & £1,000 excess applicable per person, per certificate period (or the US\$ / Euro (€) equivalent).

\* Valuecare carries an automatic £25 excess on outpatient benefits which can be increased to £50.

Where did you hear about Expacare? \_\_\_\_\_  
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