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## 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:
First Name:	Last Name:
Last Name:	Date of Birth (DD/MM/YY): DD / MM / YYYY
Postal Address:	Country of overseas residence:
	Male 🗌 Female 🗌
	First Name:
Telephone:	Last Name:
Email:	Date of Birth (DD/MM/YY): DD / MM / YYYY
Country of Overseas Residence:	Country of overseas residence:
Nationality:	Male 🗌 Female 🗌
Occupation:	4. Your Doctor
Date of Birth (DD/MM/YY): DD / MM / YYYY	Please give details of your regular physician or a physician
Male 🗌 Female 🗌	with whom you have consulted in the last two years:
2. Your Partner	Name:
First Name:	Address:
Last Name:	
Country of Overseas Residence:	
Nationality:	
Occupation:	Telephone:
Date of Birth (DD/MM/YY): DD / MM / YYYY	5. Plan and Excess Choice
Male 🗌 Female 🗌	No additional
3. Child Dependants	excess £50 excess £250 excess £500 excess £1,000 excess
	Standardcare not available not available
First Name:	Executivecare not available
Last Name:	Specialcare not available
Date of Birth (DD/MM/YY): DD / MM / YYYY	Valuecare*
Country of overseas residence:	£50 excess applicable to each insured person, for each
Male 🗌 Female 🗌	medical condition, for each certificate period. £250, £500
First Name:	& £1,000 excess applicable per person, per certificate period (or the US\$ / Euro (€) equivalent).
Last Name:	* Valuecare carries an automatic £25 excess on outpatient
Date of Birth (DD/MM/YY): DD / MM / YYYY	benefits which can be increased to £50.
Country of overseas residence:	Where did you hear about Expacare?
Male 🗌 Female 🗌	