

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.

1. Your Personal Details

Title (Mr/Mrs/Ms/Miss/Other):	Forenames:
Surname:	Date of Birth (DD/MM/YY):
Address:	
Post/Zip Code:	
Telephone Number:	Email Address:
Nationality:	Passport Number:

2. Cover Required

Date on which you wish cover to commence: (DD/MM/YYYY)

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Choose your length of trip and tick the relevant box:

Bronze - 31 days

Silver - 60 days

Gold - 90 days

Choose your area of cover and tick the relevant box:

Europe

Worldwide

3. Dependants to be included

Forenames	Surname	Relationship to Applicant	Date of Birth	Sex M/F	Nationality

4. 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to access any details that we hold about you and to amend or delete anything that you may believe is inaccurate or out of date.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.

5. Declaration

- 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.
- 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 not withheld any material facts. I / We understand that non-disclosure or misrepresentation of any material fact may entitle the insurer to void the insurance. A material fact is one which is likely to influence acceptance or assessment of this proposal by the insurer. If you are in any doubt as to whether a fact is material or not you must disclose it, on a separate sheet if necessary. 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.
- I / We understand that the signing of this proposal does not bind me / us to complete, or insurers to accept this insurance.

Signature of Applicant:

Date:

6. Premium Payment

A. Payment Method

Choose your payment method and tick the relevant box:

Cheque

Credit/Debit Card

B. Credit/Debit Card Authorisation

I authorise you, until further notice in writing, to charge my credit/debit card account with unspecified amounts in respect of premiums for my GlobalTravel Explorer plan as and when these become due.

Card Type:

Visa

Mastercard

American Express *

Other (Please specify) _____

* Please note there will be a surcharge of 3.5% if paying by American Express

Name on Card: _____

Card Number:

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Start Date:

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Expiry Date:

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Card Verification Code:

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Address of Cardholder if different from Applicant: _____

Signature of Cardholder: _____

Date: _____

Note: You must keep your credit/debit card details confidential and secure. For security reasons please do not email credit/debit card details to us. If you do so, it is entirely at your own risk.