Please scan your completed application and email to
info@scigroup.org or fax to +66 2 651 8202

APPLICATION FORM

Please complete in BLOCK CAPITALS

Family Name: Mr/Mrs/Ms/Miss _____ First Name: _____

Address: _____

_____

Contact Details - Telephone: _____ E-mail: _____

Period of Insurance: _____ to _____ Occupation: _____

*Home Country: _____ *Country of Origin: _____
(Current residence) (Nationality on passport - see note below*)

Passport Number: _____

Disclosure: Are you aware of any circumstances, medical or otherwise, that could result in a claim under this insurance (see declaration)? ☐ YES ☐ NO If Yes, please give details on a separate page.

	Names of all persons to be insured (State Mr/Mrs/Ms/Miss)	Date of Birth	Premium $/£/€
1			
2			
3			
4			
5			
	Total Premium (inclusive of local tax if applicable)		$/£/€

***1. Home Country (*HC): Means the country stated in the application form in which the Insured Person currently resides.**
2. Country of Origin: (If different from the Home Country) Means the country stated in the application form for which the Insured Person holds a current passport.
***Note: You are not insured for medical expenses within your country of Origin. If cover is required please advise HealthCare International.**

Credit Card Authorisation

I authorise HealthCare International to charge my ☐ Mastercard ☐ Visa ☐ Amex account in respect to my Travel Insurance Plan.

Note: Please add 3% credit card surcharge to the applicable rate.

Card No: **Expiry Date:**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Account mailing address if different: _____

DECLARATION: I declare that to the best of my knowledge and belief the information given above is true and that all HEALTH CONDITIONS and MATERIAL FACTS have been disclosed to HealthCare International or the Underwriting Agents. I agree that this application shall be the basis of the Contract of Insurance. I understand that you may exchange information with other insurers or their agents to check the answers I have provided and you have authority to do so.

Underwritten by GBG Insurance Limited for HealthCare International.
Note: This Insurance is not effective until it has been accepted by HealthCare International and a Certificate has been issued. HealthCare International reserve the right to decline any application.

DATA PROTECTION DECLARATION: We will collect certain information about you in the course of considering your application and, if we issue a policy to you, conducting our relationship with you. This information will be processed for the purposes of underwriting your insurance coverage, managing any policy issued and administering claims. We may pass your information to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes. This may involve the transfer of your information to countries that do not have data protection laws.

You have a right of access to, and correction of, information that we hold about you. Please contact HealthCare International if you would like to exercise either of these rights.

Some of the information we collect about you may be classified as 'sensitive' - that is, information about racial or ethnic origin, and physical and mental health. Data protection laws impose specific conditions in relation to sensitive information, including in some circumstances the need to obtain your explicit consent before we process the information.

By signing this proposal form you consent to the processing and transfer of information including sensitive information described in this notice. Without this consent we would not be able to consider your application.

Signature of applicant: _____ **Date:** _____