







**Additional medical information** (If you need more space please use a separate piece of paper. Sign, date it and attach it to the form)

I declare that to the best of my knowledge and belief the statements made on this form are true and correct. I acknowledge that the acceptance of my application shall be on the basis of these statements and that I and my family members included in this policy shall be bound by the terms of the policy which I shall read when I receive my policy details. I understand that you will send all correspondence about this policy to the main policyholder unless I write to tell you otherwise. I have indicated the policy and method of payment I would like.

**Please note:** If any of the information you have given us changes before we have told you that your policy has begun, you must tell us in writing at once. We advise you to keep a record of all information you give us in connection with this application, including any letter(s) you send us in connection with it. If you would like a copy of this application, please let us know within three months. We may turn down an application if we discover that the information you give us is not sufficiently true, accurate and complete so as to present to us fairly the risk we are taking on. We reserve the right to decline your application.

You and we are allowed to choose which law will govern this policy. Because we are in the United Kingdom we only sell policies that are governed by the Law of England and Wales, so that is the law that applies.



**Data Protection Act – you will see this sign where we ask you to give personal information.**

Please make sure that you either show this statement to anyone covered by this policy, or inform them of its contents before you return this form.

To set up and administer your policy AXA PPP healthcare limited will hold and use information about you and any family members covered by your policy, supplied by you, those family members, medical providers or your employer. Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have consent to do so.

We send personal and sensitive personal information in confidence for processing by other companies and intermediaries including those located outside the European Economic Area.

As you act on behalf of any family member covered by this policy, we send correspondence about the policy, including claims correspondence, to you unless we are advised to do otherwise.

By signing and returning this form you indicate that you have authority to give consent on behalf of any family members covered by your policy and on your own and their behalf you consent to the use of personal information in the ways described above.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. We are obliged to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

AXA PPP healthcare, SecureHealth and Denplan ("we") are members of the AXA UK Group of companies. We would like to use the contact details obtained as a result of this application, to inform you by letter, telephone or email of other products and services. AXA PPP healthcare would also like to share these contact details with further members of the AXA UK Group and carefully selected third parties based within the European Economic Area so that they can let you know about their products and services by letter or telephone and, if appropriate, to administer them. By signing and returning this form you will be consenting to these uses to enable you to receive marketing information from AXA PPP healthcare, SecureHealth and Denplan as well as from other AXA UK Group companies unless you tick the box to indicate you do not consent .

You may change your mind at any time by writing to the address on the back of the Membership Handbook.

Signature: **X** Date: **X**

**Your 14 day money-back guarantee**

When you receive your documents, you will have 14 days in which to ensure you are entirely satisfied with your cover before your contract with us is concluded. You then have a further 14 days when, if you do not wish to proceed for any reason, you may cancel the membership and owe nothing as long as a claim has not been made. Any money which you have paid or which we have collected will be returned to you.

## 5 How to pay

You can choose to pay for your cover either annually, quarterly or monthly, it's up to you. Simply tick one of the three boxes below to indicate your choice, then decide how you would like to pay. **Important:** Please note that if you opt to pay by cheque, you cannot choose the monthly payment option and should tick either the annual or quarterly payment box below.

**How often would you like to pay?:** Annually  Quarterly  Monthly

**How would you like to pay:** 1 Direct Debit (complete the mandate below ensuring that you sign and date it)  
2 Cheque (please make cheques payable to AXA PPP healthcare Ltd and enclose it with this application)

### Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form (including the official use box if appropriate) and send to:

**AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.**

Name and full postal address of your Bank or Building Society

Service User Number



To The Manager:	Bank/Building Society
_____	
Branch address:	
_____	
_____	
Postcode:	
_____	

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For AXA PPP healthcare limited official use only	
This is not part of the instruction to your Bank or Building Society	
<b>Please complete this box if you are paying on behalf of the Policyholder.</b>	
Name and address of account holder: _____	
_____	
Telephone no: _____	
Policyholder's name: _____	

Name(s) of Account Holder(s)

_____
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Bank/Building Society account number

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Branch Sort Code

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Reference

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#### Instruction to your Bank or Building Society

Please pay AXA PPP healthcare limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with AXA PPP healthcare limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature: <b>X</b>	Date: <b>X</b>
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**Banks and Building Societies may not accept Direct Debit Instructions for some types of account.**

### Checklist

*Tick the appropriate boxes in this section*

Have you:

- Checked your personal details are correct (including telephone number)?** (section 1)
- Checked and/or completed the details of the additional persons to be included?** (section 2)
- Selected your chosen level of cover?** (section 3)
- Completed the medical history declaration?** (section 4)
- Signed and dated the policyholder declaration?** (section 4)
- Chosen method of payment?** (section 5)
- Signed and dated the Direct Debit form?** (section 5) – if applicable
- Enclosed a cheque?** – if applicable

Now send the form to:

**New Business Administration, AXA PPP healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL**

Or use the envelope provided.

Expatriate & UK Insurance Services

11a Forge Business Centre

Upper Rose Lane

Palgrave

Diss Norfolk

IP22 1AP

UK

Phone: +44 (0) 1379 643 098

Agency No. FQ648



PPP HEALTHCARE