PPP INTERNATIONAL
redefining / standards

NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
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Confidential

International Group application form

Please complete this form using block capitals and by ticking the relevant boxes.

Please complete this form and return to:
AXA PPP International, Forest Road, Tunbridge Wells, Kent, TN2 5FE, UK

For office use only

Group No.

Rate code

Rate date

1 Employer details

1.1 Company name:

1.2 Business address:

Country: Postcode:

1.3 Town and country of registered office: (if different from above)

1.4 Telephone no: (include country and area code)

1.5 E-mail address:

1.6 Fax no:

1.7 Group secretary: (for AXA PPP International group scheme)

1.8 Position in company:

1.9 Nature of business:

1.10 Start date: (must be 1st of the month)

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1 Employer details - continued

Please give details of intermediary as appropriate:

1.11 Intermediary name:

1.12 Intermediary address:

Postcode:

1.13 Intermediary code:

2 Type of cover required

Please choose an International Health Plan

(a) Choose your area of cover and tick the relevant box: ☐ Worldwide ☐ Worldwide excluding USA

(b) Choose the level of cover you require and tick the relevant box:

☐ Prestige Plus
(Inc. Travel Insurance)

☐ Prestige
(Inc. Travel Insurance)

☐ Prestige with dental add-on
(Inc. Travel Insurance)

☐ Comprehensive

☐ Comprehensive with Pregnancy add-on
(Groups of ten or more)

☐ Comprehensive with dental add-on

☐ Standard

☐ Standard with outpatient add-on

☐ Please include Travel Insurance cover for all persons covered in this application form (please tick).
Note: Travel Insurance is included in the Prestige and Prestige Plus options. It can be added to the Comprehensive and Standard options for an extra cost and must cover all persons in this application form.

☐ Please include IHP Marine Cover for all persons included in this application form (please tick)
Note: IHP Marine Cover is available at extra cost and must cover all persons on this application form.

(c) Choose the currency and excess level you require GBP (£) ☐ USD ($) ☐ EUR (€) ☐

£0 ☐	Option 1 – £100 ☐	Option 2 – £250 ☐	Option 3 – £500 ☐	Option 4 – £1,000 ☐	Option 5 – £2,000 ☐
$0 ☐	Option 1 – $160 ☐	Option 2 – $400 ☐	Option 3 – $800 ☐	Option 4 – $1,600 ☐	Option 5 – $3,200 ☐
€0 ☐	Option 1 – €125 ☐	Option 2 – €320 ☐	Option 3 – €640 ☐	Option 4 – €1,275 ☐	Option 5 – €2,550 ☐

Statement One
To the best of your knowledge, has any member to be included on this scheme been diagnosed with, or received any form of treatment/consultation for cancer in the past 5 years? Yes ☐ No ☐

Statement Two
To the best of your knowledge, does any member to be included on this policy have any medical condition that is likely to result in the need for an in-patient stay in hospital? Yes ☐ No ☐

3 Cover details

3.1 Quotation number if previously quoted by AXA PPP International:

3.2 Total number of employees to be covered at inception:

3.3 Category of employees eg All directors/all staff etc: (for information only)

3.4 Total number of employees in the company:

4 Subscription details

4.1 Please tick box

☐ Annual cheque ☐ Quarterly cheque ☐ Annual Direct Debit ☐ Quarterly Direct Debit

☐ Monthly Direct Debit ☐ Annual Wire Transfer ☐ Quarterly Wire Transfer

If you are paying annually your premium will include a 5% discount.

If you are paying by Direct Debit please complete and enclose the separate mandate which accompanies this form.

Please note, this payment option is only available via a UK bank account and for GBP sterling policies.

If you are paying by cheque please make your cheque payable to AXA PPP International.

5 Previous insurers details

5.1 Current insurer:

5.2 Date present cover expires: D D M M Y Y

5.3 Date cover originally effected: D D M M Y Y

6 Your signature and declaration

I declare that to the best of my knowledge and belief the statements on this application form are full, true and correct, that I shall read the group secretary guide when received and that I agree to be bound by it unless I shall cancel the enrolment within 30 days of acceptance of this application. I agree that the acceptance of this application shall be on the basis of these statements. I understand that you will issue policy documents, written communications and membership details in English unless you and I have specifically agreed, in writing, to communicate in a different language. I also understand that you will send all correspondence about this application to the group secretary unless I write to tell you otherwise.

We understand that AXA PPP International will accept any medical underwriting terms applied by our current insurer and will not impose any additional such terms on any currently insured employees or dependants also transferring. We also understand that AXA PPP International will, however, apply its own rules, including its general exclusions and limitations, to all future claims. We hereby undertake to provide current registration certificates. (Please enclose original copy of current insurance certificate(s)).

Please remember: If there are changes in the information you have given before we have told you that your family member(s) has or have been added to your policy, you must tell us in writing immediately.

Signature: ✕ Date: D D M M Y Y

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 International 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.

By signing and returning this form you agree that we, and other members of the AXA UK Group, may use the information you have provided to inform you by letter, telephone, email or mobile message of products and services, such as special offers and healthcare information unless you tick this box to indicate otherwise ☐.

You may change your mind at any time by writing to the address below.

After completing this application form and signing the declaration, please return to:
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