A+ International Healthcare

Your Insurance Intermediary
BML Services (ehealthscanner.com)

Southeast Asia Plans

Exclusively for residents of Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand & Vietnam

Application Form
Individuals

Important:

Please complete this application **in block capital letters**. All information supplied will be treated in strict confidence. Please keep a record (including copies of all letters) of all information supplied to us for the purpose of entering into this contract.

Commencement date: The inception date of this policy will generally be the date on which this application is accepted by the Insurers. However, should you require an inception date in the future (to take account of the expiry of current contracts elsewhere) you may do so by completing the commencement date box in section 1. Under no circumstances will policies be backdated from the date of acceptance.

Insurance year is a twelve month period.

1 . DETAILS OF PROPOSER (Policyholder)

Family name: _____ Title: _____
First & Middle name: _____ Marital Status: _____
Sex: (M/F): _____ Date of birth: ___ / ___ / _____ (dd/mm/yyyy) Nationality : _____
Passport number: _____
Residential address: _____
Postal code: _____ City: _____ Country: _____
Address for correspondence (if different from above):_____
Postal Code: _____ City: _____ Country: _____
Contacts :
Phone number: (Office) _____ (Personal) _____
Mobile : (Office) _____ (Personal) _____
Email : (Office) _____ (Personal) _____
Occupation: _____ Nature of business: _____
Commencement date (see above): ___ / ___ / _____ (dd/mm/yyyy)

2. DEPENDANTS TO BE INCLUDED IN THIS PLAN

	Spouse / Partner	Dependant 1	Dependant 2	Dependant 3
Family name				
First name				
Middle name				
Other initials				
Sex (M/F)				
Relationship to policyholder				
Date of birth (dd/mm/yyyy)				
Occupation				
Nationality				
Passport number				
Country of residence				

If there is insufficient space for inclusion of all dependants , please provide details on a separate sheet.

3. MEDICAL QUESTIONNAIRE

Please answer each of the questions in the following pages fully and accurately, for each person included on your application. In case you answer 'yes' to any question, please provide details in the additional information box on the next page.
All information supplied will be treated in strict confidence. All material facts relating to these questions must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed. As proposer you should answer all questions and sign the declaration on behalf of all persons to be insured. If your state of health or that of people included in this application changes after the application has been signed and before the Company has approved the insurance, the Company must be notified immediately of such change.

		Policy Holder		Spouse / Partner		Dependants 1		Dependants 2		Dependants 3	
1	Height ❑ft ❑cm										
	Weight ❑pds ❑kg										
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
2	Are any persons named in this application planning to undergo or have undergone during the last 10 years a surgical intervention (including any cosmetic surgery or any refractive laser eye surgery) other than appendicitis, amygdalectomy or adenoidectomy?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
3	Have any persons named in this application form:										
	a. Been treated in a hospital, clinic, sanatorium, hospice during the last 10 years?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	b. Been advised to have any medical test or investigations?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	c. Had any abnormal medical test results during the last 5 years?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	d. Been tested HIV and / or any type of Hepatitis positive?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	e. Has an application for insurance been turned down or accepted at special terms?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
4	Are any of the persons named in this application aware of any symptoms or abnormal signs, which may give rise to a claim?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
5	Are any persons named in this application currently taking any drugs or medication for more than 15 days?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
6	Have any persons named in this application ever suffered from, been diagnosed with, treated or prescribed drugs for:										
	a. conditions of the eyes, ears, nose or throat?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	b. fainting, blackouts or fits?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	c. any high blood pressure, heart, circulatory or vascular condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	d. diabetes or any other endocrine disorder?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	e. any rheumatic or arthritic condition(s) (including gout)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	f. any spine, bone, muscle or joint condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	g. asthma, respiratory, pulmonary or allergic condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	h. genito-urinary or renal condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	i. stomach, gallbladder, liver, bowel, perianal conditions (including hemorrhoids, diverticulitis, cholelithiasis, etc.)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	j. cysts, tumors or cancer?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	k. skin condition(s) such as eczema, allergies, psoriasis, fungal diseases, skin cancer, or other disorders?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	l. any gynecological or breast condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	m. any physical defect, infirmity or congenital illness?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	n. any nervous, mental or psychiatric condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	o. any alcohol and/or drug dependency problem?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	p. dyslipidemia (cholesterol, fat in blood)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	q. any neurological conditions, including migraine and/or headaches?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	r. any other type of disease**,** injury or medical condition(s)?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
7	During the last 5 years have any persons named in this application suffered from an illness or corporal accidents leading to a sick leave or treatment lasting more than 10 days?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
8	Have any persons named in this application ever suffered from any pre or post natal complications, complications of childbirth or suffered any miscarriage?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
9	Have any persons named in this application ever suffered from any form of physical or cerebral invalidity, or from chronic conditions?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
10	**a.** Are you or any persons named in this application pregnant?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	b. If so, are there any complications?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
11	Have you ever smoked or otherwise used tobacco?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	If "Yes", please advise the consumption (pack) per day and duration of tobacco use	_____		_____		_____		_____		_____	
12	Do you consume any alcohol?	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
	If "Yes" please advise weekly consumption level	_____		_____		_____		_____		_____	

Additional information to Medical Questionnaire

If you answered "Yes" to any of the questions above, please provide details here : the name of the person, the precise question number, diagnosis, dates and duration of illness/injury/treatment and the names and addresses of attending physicians and medical facilities. Also please provide all medical reports available, the lack of which may delay or invalidate this application.

Person	Question Nbr	Details

Please advise which physician is most familiar with your medical history?

	Policyholder	Spouse / Partner	Dependant 1	Dependant 2	Dependant 3
Name					
Tel. Nbr					
Fax					
Email					

Do you, at present, have a medical cover with another insurance company? ☐ Yes ☐ No

If yes, name of company: _____ Plan: _____ Renewal Date: _____

YOUR CHOICE OF COVER (Please tick in box)

4. Medical Plan [1] ❑Essential ❑Essential Plus ❑Serene ❑Serene Plus

5. Currency [2] US$

6. Optional Policy deductibles [1&2]

☐ Nil ☐ 300 ❑ 675 ❑ 1,350

7. Zone of treatment [1]

❑ Zone A - Worldwide

❑ Zone B - Worldwide excluding USA / Canada

❑ Zone C - Restricted in Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand & Vietnam

8. Dental [1&3] ❑ None ❑ Standard ❑ Plus

9. Accidental Death and Dismemberment [4] ❑ With insured capital of _____ (*)

[1] These elements must be chosen on a per family basis.
[2] Premiums and claims shall be payable in US$.
[3] Dental insurance can be purchased only in addition to Serene & Serene Plus. They cannot be purchased separately.
[4] The minimum sum insured shall be US$ 67,500 up to a maximum sum insured of US$ 500,000.

10. NOMINATION OF BENEFICIARIES (Only if Option 9 has been chosen)

I declare that in the event of death, any indemnities to which I am entitled by virtue of the A+ International Healthcare cover are to be paid to the listed persons below or, failing this, to my legal heirs. This nomination can only be modified in writing by the undersigned.

Last name	First name	Relation	Proportion of capital (%)

11. Premium payment

1. Your choice of currency: US$ only

2. Your method of payment ❑ Annual ❑ Semi-annual* ❑ Quarterly* (credit card only)

❑ **Bank transfer**. If selected, please ensure your name is clearly stated on your transfer order and send a copy of transfer order to your Intermediary. Bank details will be provided on the premium invoice.

❑ **Credit card** (Visa, MasterCard only)

If selected, please complete the credit card authorisation form below.

Credit card authorisation ❑ Visa ❑ MasterCard

Credit card number : _____ _____ _____ _____ CVC Code : _____

Expiry date : ____ /_____ (mm/yyyy)

Credit card statement mailing address _____

Exact name on credit card _____

Signature: _____ Date: . ____ / ____ / _____

I hereby authorise A+ International Healthcare, or its agents, as of today and until further notice in writing, to charge my credit card account with unspecified amounts in respect of my premium payments as and when these become due. The Company will inform me in advance of any premium adjustments and I will have the possibility to cancel the policy.

Note: For payment by credit card, your premium will be collected upon receipt of this application which may be in advance of the commencement date. Future premiums will be collected 7 days in advance of the renewal date of this policy.

* Surcharges apply

12. Claims Reimbursement

Choose your way of reimbursement:

❑ **Local bank transfer** - if selected, please choose the following currency

☐ HK$ ☐ THB ☐ Rp ☐ PHP ☐ VND

❑ **Bank transfer – for countries outside those mentioned above** (US$ 38 bank transfer charge)

For any bank transfer, please complete the following information

Account Holder's name:

Account No. (IBAN for Euro zone) :

Full bank name and address :

BIC / SWIFT bank code :

Bank ID (If applicable) :

Note: Reimbursements by Bank Transfer are effected in full by the insurer, net of bank charges. However additional bank charges may be passed on to you by your own bank, for which you are liable. Alternatively you may choose reimbursement by cheque which do not incur bank charges. Please tick below.

* Please note that bank transfers take up to 72 hours once claim is processed whilst cheques maybe delayed due to postal issues.

❑ **Cheque - Payee's name**: _____

PERSONAL INFORMATION COLLECTION STATEMENT

Pacific Cross Insurance Company Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of Pacific Cross (**"our affiliates"**) or our business partners (see **"Use and provision of personal data in direct marketing"** below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "**Use and provision of personal data in direct marketing**".
Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
    a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
    b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;

3. the above products and services may be provided by the Company and/or:
    a) any of our affiliates;
    b) third party financial institutions;
    c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
    d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities

4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.
You may in future withdraw your consent to the use and provision of your personal data for direct marketing.
If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data".** The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.
Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
Pacific Cross Insurance Company Limited
c/o International Administrators Limited, 11/F, O.T.B. Building, 160 Gloucester Road, Wanchai, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

13. Declaration by Policyholder

1) I hereby apply for cover on behalf of all the persons named in this application form.

2) I certify that the statements made by me in answering the above questions are true, complete and to the best of my knowledge and belief. I understand that nullity of the insurance or reduction of the insured capital sum might be applied if it were proved that the person to be insured had established a false declaration. I confirm that I have checked and found correct any answers or statements in this application that are not in my own handwriting.

3) I accept that the policy will be subject to the policy terms and conditions effective at the time of commencement. I confirm that I have read and I understand the full definitions, benefits, exclusions and conditions of this policy.

4) I agree to accept and conform to the terms of the policy when issued unless I cancel this policy within 15 days from the commencement date.

5) I, the applicant, ACKNOWLEDGE AND CONFIRM that I have read and understood the Personal Information Collection Statement ("PICS"). I confirm that I have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or other wise). Based on the foregoing, I hereby give my acknowledge ment and agree to the use and transfer of my personal data by Pacific Cross Insurance Company Limited in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

❑ I, the applicant, do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see **"Use and provision of personal data in direct marketing"**) and do not wish to receive any promo tional and direct marketing materials.

6) I have read and understood the Important Note below.

Important Note: The policy is written in the English language and is intended for use only by persons who are able to read and understand its terms. Do not sign this application form if you do not understand the policy.

❑ *In an effort to go 'Green' A+ will be sending your policy pack via email. If you wish to receive a hardcopy of your policy pack please tick this box. The Medicard will be sent to you by mail.*

Policyholder's signature _____ Date ____ /____ / _____

Please send this application form back to your insurance broker or directly to the Insurers representative :

A Plus International Holdings Limited
Correspondence Address: Room 4, 17th Floor, Westlands Centre, 20 Westlands Road, Quarry Bay, Hong Kong China S.A.R
Tel: +852 2891 3608 Fax: +852 2891 3229 Email: cs@aplusii.com