

PREMIUM PAYMENT

I hereby pay the premium by the enclosed cheque

I wish to pay the premium by credit card:

American Express

Visa

Eurocard / Mastercard

JCB

Diners

Card no.

Expiry date (m/y) CVC code*

*CVC code: The last three/four digits after the card number on the back of the card or the last three digits in the signature field.

Cardholder's data if cardholder and policyholder are not the same person:

Name(s)

Address

Address

Postal Code City

Country

Cardholder's signature _____

Date _____

ANNUAL TRAVEL

I also authorise Bupa Denmark, filial af Bupa Insurance Limited, England 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. Bupa Global Travel will inform me in advance of any premium adjustments.

Cardholder's signature _____

Date _____

OTHER HEALTH INSURANCE

Do you have another health insurance?

YES, with Bupa Global

YES, with another company

NO

If YES, please state:

Company name

Policy Number

ADDRESS IN COUNTRY OF PERMANENT RESIDENCE

Postal address

Postal Code City

Country

Telephone

Mobile phone

Fax

Email

SIGNATURE

I, the undersigned, agree that Worldwide Travel Options covers in the event of acute illness or accident, but that it does not cover pre-existing conditions which have come into existence before the insurance became effective, nor does it cover illnesses or other conditions related to such pre-existing conditions. I/We hereby give Bupa Denmark, filial af Bupa Insurance Limited, England permission to seek such information from doctors and hospitals concerning state of health as the Company deems necessary.

Date _____

Policyholder's signature _____