



WEHBE INSURANCE SERVICES LLC

Ministry of Economy – Registration No 106 of Year 1997

Expacare Group Application Form

E&OE

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Expacare – Group international healthcare plans: Employee application form

If you have any queries please contact the group team on +44 (0)1344 381650 (fax +44 (0)1344 381690). You can also email us at info@expacare.com, or visit www.expacare.com. Expacare, First Floor, Columbia Centre, Market St, Bracknell, Berkshire RG12 1JG, United Kingdom

Company Name: _____

Nationality: _____

Employee: _____

Occupation: _____

Plan type & start date (selected by your employer)

Start Date (DD/MM/YYYY): _____ DD / MM / YYYY

- Standardcare Executivecare
 Specialcare Tailor-made

Area of cover

Area 1 Europe

Area 2 Excludes USA, Canada & Carriibbean

Area 3 Worldwide

Please complete the following for all persons to be insured

Employee

First Name: _____

Last Name: _____

Country of Overseas Residence: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Male Female

Partner

First Name: _____

Last Name: _____

Country of Overseas Residence: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Male Female

Children*

First Name: _____

Last Name: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Country of overseas residence: _____

Male Female

First Name: _____

Last Name: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Country of overseas residence: _____

Male Female

First Name: _____

Last Name: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Country of overseas residence: _____

Male Female

First Name: _____

Last Name: _____

Date of Birth (DD/MM/YY): _____ DD / MM / YYYY

Country of overseas residence: _____

Male Female

**Children (up to age 18 or 24 if in full time education. Evidence required)*

(continued overleaf)

Duty of Disclosure

We would like to take this opportunity to remind you of your continuing duty of disclosure as detailed below:

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers.

In this respect, you must provide all information relating to a risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to avoid the contract from its commencement, which may lead to claims not being met.

Signature of
group secretary:

Date (DD/MM/YY): DD / MM / YYYY

Signature of
employee:

Date (DD/MM/YY): DD / MM / YYYY

Data Protection Notice

We take our responsibility for confidentiality very seriously. Any information you give us will be held securely and fairly in accordance with the Data Protection Act 1998.

How we may use your personal data or disclose it to third parties:

- › To administer your plan and process your claims
- › To liaise with treatment providers about treatment and costs
- › To process claims that are also covered by another insurer or third party
- › To help us develop services we think will be in your interest
- › For statistical analysis to help us assess how the scheme you belong to is being used
- › To detect fraud and improper claims

Giving you information:

- › We may contact you by letter, telephone or electronic mail about services or products that we believe you may be interested in. If you do not wish to receive such information, please tell us.
- › You have a right to know what information we hold about you. We may request a small administration fee for supplying a copy of any personal information.

Communication:

- › We may monitor any communication we have with you, including telephone conversations to ensure we have an accurate record, and have followed your instructions.