

Application Form A



(Please use block letters)

For administration use

Ref. _____	Policy Number _____	# _____
Date _____	_____ - 2 0 0 1	

Policyholder

First name(s) _____
Family name(s) _____
Date of birth (day/month/year) _____ Sex (M/F) <input type="checkbox"/> Choice of deductible USD _____
Choice of plan: <input type="radio"/> Gold - Worldwide <input type="radio"/> Gold - Latin America <input type="radio"/> IHI Silver
Supplementary options: Air Ambulance (ONLY for IHI Silver) <input type="radio"/> YES <input type="radio"/> NO IHI Annual Travel <input type="radio"/> YES <input type="radio"/> NO
Premium _____ USD _____

Online customer sign up

I hereby sign up as an online customer with International Health Insurance danmark a/s. As an online customer, I will receive all documents and correspondence from IHI via my personal site myPage on www.ihl.com.

Intermediary's access to documents

In the event that I am represented by an intermediary, I hereby accept that my intermediary will get access to my documents online on his/her personal and secure IHI website.

Dependants

First name(s) _____
Family name(s) _____
Date of birth (day/month/year) _____ Sex (M/F) <input type="checkbox"/> Choice of deductible USD _____
Choice of plan: <input type="radio"/> Gold - Worldwide <input type="radio"/> Gold - Latin America <input type="radio"/> IHI Silver
Supplementary options: Air Ambulance (ONLY for IHI Silver) <input type="radio"/> YES <input type="radio"/> NO IHI Annual Travel <input type="radio"/> YES <input type="radio"/> NO
Premium _____ USD _____
First name(s) _____
Family name(s) _____
Date of birth (day/month/year) _____ Sex (M/F) <input type="checkbox"/> Choice of deductible USD _____
Choice of plan: <input type="radio"/> Gold - Worldwide <input type="radio"/> Gold - Latin America <input type="radio"/> IHI Silver
Supplementary options: Air Ambulance (ONLY for IHI Silver) <input type="radio"/> YES <input type="radio"/> NO IHI Annual Travel <input type="radio"/> YES <input type="radio"/> NO
Premium _____ USD _____
First name(s) _____
Family name(s) _____
Date of birth (day/month/year) _____ Sex (M/F) <input type="checkbox"/> Choice of deductible USD _____
Choice of plan: <input type="radio"/> Gold - Worldwide <input type="radio"/> Gold - Latin America <input type="radio"/> IHI Silver
Supplementary options: Air Ambulance (ONLY for IHI Silver) <input type="radio"/> YES <input type="radio"/> NO IHI Annual Travel <input type="radio"/> YES <input type="radio"/> NO
Premium _____ USD _____

Total premium for all the above-mentioned applicants _____	USD _____
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Please continue on page 2

_____ - 2 0 0 1

General data valid for all persons on the Application Form A

Commencement date

I / We request that the policy commences from 01 day _____ month _____ year

Payment terms

Annual Semi-annual

Residential address (only residents outside the U.S. can apply)

Address _____
 Address _____ Postal Code _____
 City _____ Country _____
 State _____ Telephone _____
 E-mail _____ Fax _____

Note: If the address of any of the applicants changes after the application has been signed and before the Company has accepted the insurance, the Company must be notified immediately of such a change.

Non-residential postal address for mailing purposes only (p.o. box or c/o)

Complete name registered under this postal address

Name _____
 Address _____
 City _____ Postal Code _____
 State _____ Country _____

Insurance consultant

If advised by an insurance consultant, please state his / her full name

Name _____

Policyholder's signature

I declare that I and all the applicants have received and read the Policy Conditions and that I / we acknowledge and are aware that the Policy Conditions together with the policy schedule and the application (Application Form A and Medical Questionnaire B) will represent the insurance contract with the Company, if the application is accepted.

_____ Date (day/month/year)

_____ Name in capital letters

_____ Signature