

# Avalon Healthcare & Hospitalisation Cash Plan Application Form



## Address

Applicant's Address:

Postcode:

Home tel number:

Work tel number:

Mobile tel number:

E-mail address:

## First Applicant

Title:  
*(Mr/Mrs/Ms/Miss/Other)*

Surname:

Forenames:

Date of Birth:

Occupation:

Employment Status:

Employed

Self Employed

## Second Applicant

Title:  
*(Mr/Mrs/Ms/Miss/Other)*

Surname:

Forenames:

Date of Birth:

Occupation:

Employment Status:

Employed

Self Employed

## Children to be insured (if applicable)

Full Name	Date of Birth

## Policy

On the following basis: Single  Joint  Family  Single Parent

Level of Cover: Bronze  Silver  Gold  Platinum

## Payment Information

### Payment Frequency:

Monthly  Quarterly  Half Yearly  Annually

Start Date:

Preferred Direct Debit Date:

Premium:

£

## Declaration - please read carefully and complete

I/We hereby apply for insurance to Axeria Life International PCC Limited (the insurer) under their usual terms and conditions. I/We confirm that the information supplied by me/us in connection with this proposal is correct to my knowledge and belief. I/We note that I/We should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me.

I/We consent to the seeking of information from other insurers and I/We authorise the giving of such information for such purposes. I/We also consent to the insurer or their agents seeking medical information from any doctor who at any time has attended me concerning anything

which affects my physical or mental health and I/We authorise the giving of such information.

### Notice under the Data Protection Act 1998

I/We confirm and agree that information about me/us and this Proposal may be retained on paper and computer by APRIL UK and used:

A) by Axeria Life International PCC Limited, APRIL UK and other businesses that provide insurance services relating to the proposal as may be necessary for the administration of my/our policy and dealing with claims. In dealing with claims under my/our policy I/We agree that it may be necessary for APRIL UK to obtain and use sensitive personal information about me/us.

B) to provide information about me/us (whether provided in the proposal or claim form) to other insurers for the prevention of fraud and to other third parties for the purpose of administration of their policy or any claim. Details of such third parties and other insurers will be made available on request.

I/We have been provided with details of the procedure to follow in the event of a complaint. Your contact information may be used to send you details about other products and services available from APRIL UK that might interest you. If you do not wish to receive this information please tick this box.

Signature First Applicant:

X

Date:

Signature Second Applicant:

X

Date:

## For Broker's use only

Broker's Name:

Broker's Signature:

Broker's Agency No:

Cheque/Credit Card/Direct Debit Mandate attached? **Yes / No** Amount: £



april | UK

APRIL UK Registered Office: 15 Apex Court, Almondsbury, Bristol, BS32 4JT.  
Tel: 01454 619500 - Fax: 01454 619385 - [www.april-uk.com](http://www.april-uk.com)

APRIL UK is a trading name of APRIL UK (Insurance Services) Ltd (registered in England No 3179382), who is authorised and regulated by the Financial Services Authority, registered number 308655. AVABAP 11/11

© APRIL UK 2011. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of APRIL UK.

