

(Please use block letters)

Producer ID

ADMISSION

I/We wish to take out:

Single trip (in days)							Multiple trip (in days)		
Cover period	3	7	14	21	31	62	90*	182**	365**
EUR	<input type="radio"/> 8	<input type="radio"/> 13	<input type="radio"/> 21	<input type="radio"/> 26	<input type="radio"/> 35	<input type="radio"/> 53	<input type="radio"/> 50	<input type="radio"/> 66	<input type="radio"/> 120

Maximum insurance age is 79. For persons aged 56-79, premiums will be increased with 50%. * max. 30 days per trip
** max. 90 days per trip

as of (dd/mm/yyyy)

PLEASE CHOOSE CURRENCY EUR

PLEASE LIST ALL THE PERSONS TO BE COVERED BY THE POLICY

Policyholder

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Total premium

PREMIUM PAYMENT

I hereby pay the premium by credit card:

AmericanExpress 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 _____

OTHER HEALTH INSURANCE

Do you have another health insurance?

YES, with ihi Bupa YES, with another company NO

If YES, please state:

Company name

Policy Number

ADDRESS IN HOME COUNTRY

Postal address

Postal Code City

Country

Telephone

Mobile phone

Fax

Email

SIGNATURE

I, the undersigned, agree that Schengen Travel 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 _____