

# Important Information Flyer:

Amendment to current Policy Terms and Conditions.

**ENGLISH :** The policyholder has by taking out this insurance policy given International Health Insurance danmark A/S its irrevocable consent to the transfer by International Health Insurance danmark a/s of the policy to Bupa Insurance Limited. The policyholder will receive separate notification from International Health Insurance danmark a/s in the event that International Health Insurance danmark a/s utilises this consent to the transfer of the insurance policy.

**ESPAÑOL:** El titular del seguro, al suscribirlo, le ha otorgado a International Health Insurance danmark a/s su consentimiento irrevocable para que International Health Insurance danmark a/s pueda -a su vez- cederle esta póliza de seguro a Bupa Insurance Limited. El titular del seguro recibirá una notificación por separado, por parte de International Health Insurance danmark a/s, en caso de que International Health Insurance danmark a/s haga uso de su consentimiento para la cesión de dicha póliza de seguro.

**DANSK:** Forsikringstager har ved sin tegning af denne forsikringspolice givet International Health Insurance danmark a/s sit uigenkaldelige samtykke til, at International Health Insurance danmark a/s kan overdrage denne forsikringspolice til Bupa Insurance Limited. Forsikringstager vil modtage særskilt underretning fra International Health Insurance danmark a/s, såfremt International Health Insurance danmark a/s udnytter dette samtykke til overdragelse af forsikringspolice.

**FRANÇAIS :** En souscrivant cette police d'assurance, l'assuré a donné à International Health Insurance danmark a/s son consentement irrévocable quant au transfert par International Health Insurance danmark a/s de sa police à Bupa Insurance Limited. Dans le cas où International Health Insurance danmark a/s ferait usage de ce consentement pour transférer ladite police, l'assuré en serait informé personnellement par International Health Insurance danmark a/s.

**ITALIANO:** Stipulando la presente polizza di assicurazione il titolare ha dato alla International Health Insurance danmark a/s il suo consenso irrevocabile alla facoltà di cessione della polizza alla Bupa Insurance Limited. Nel caso in cui la International Health Insurance danmark a/s si avvallesse di detto consenso alla cessione della polizza di assicurazione, il titolare della polizza ne riceverà specifica comunicazione dalla International Health Insurance danmark a/s.

**NORSK :** Ved å skrive under på denne forsikringspolisen gir forsikringstakeren International Health Insurance danmark a/s sitt ujenkallelige samtykke til at International Health Insurance danmark a/s kan overdra denne forsikringspolisen til Bupa Insurance Limited. Forsikringstakeren vil underrettes spesielt fra International Health Insurance danmark a/s hvis International Health Insurance danmark a/s benytter dette samtykket til å overdra forsikringspolisen.

**PORTUGUÊS :** O tomador de seguro, ao subscrever esta apólice de seguro, outorgou à International Health Insurance danmark a/s o seu consentimento irrevogável para que a mesma transfira a apólice para a Bupa Insurance Limited. O tomador de seguro irá receber uma notificação em separado da parte da International Health Insurance danmark a/s caso a mesma utilize este consentimento para a transferência da referida apólice de seguro.

**SVENSKA :** Genom tecknande av denna försäkring ger försäkringstagaren International Health Insurance danmark a/s sitt oåterkalleliga samtycke till att International Health Insurance danmark a/s får överlåta denna försäkring till Bupa Insurance Limited. Försäkringstagaren meddelas särskilt av International Health Insurance danmark a/s om International Health Insurance danmark a/s väljer att utnyttja detta samtycke till överlåtelse av försäkringen.

**DEUTSCH :** Der Versicherungsnehmer gibt, indem er diese Versicherungspolice abschließt, der International Health Insurance danmark a/s seine unwiderrufliche Zustimmung zur Übertragung der Police durch die International Health Insurance danmark a/s an die Bupa Insurance Limited. Der Versicherungsnehmer empfängt eine gesonderte Benachrichtigung von der International Health Insurance danmark a/s, im Falle dass die International Health Insurance danmark a/s diese Zustimmung zur Übertragung der Versicherungspolice anwendet.

# Application for cover of Pre-Existing condition IHI Travel Insurance

(Please use block letters)

## Information about the insured

Policy number	_____	Date of departure	____ ____ ____	Date of return	____ ____ ____
Destination	_____				
First name(s)	_____	Date of birth	____ ____ ____		
Family name(s)	_____	Sex (M/F)	<input type="checkbox"/>		
Permanent address	_____				
Permanent address	_____	Postal Code	____ ____ ____		
City	_____	Telephone	____ ____ ____ ____ ____		
Country	_____	Fax	____ ____ ____ ____ ____		
E-mail	_____				

## Information given by the physician

Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which treatment has been given and for how long: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospitalisation/treatment by a physician in connection with the illness or its consequences or complications within 6 months prior to departure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current medical treatment. Change in medication within the last 6 months prior to departure:  
 \_\_\_\_\_  
 \_\_\_\_\_

Expected check-ups or treatment?  YES  NO

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's signature and stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that any physician's fee for obtaining this medical information must be paid by the client.

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