



Global Travel Plan Application Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, or post. You can find our contact details at the end of this form.

Your details

First name: Surname: Title:

Address:

Email: Health plan number:

Dependants for whom cover is required

If you have dependants covered under your health plan, please let us know the names for whom a travel plan is required (e.g. spouse, children):

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Nominated beneficiaries

The travel plan includes a small amount of personal accident cover. Please nominate your beneficiary or beneficiaries of the travel plan in the event of your death. If you are also applying for a travel plan for one or more of your dependants, they will also need to nominate their beneficiary or beneficiaries of their travel plan in the event of their death. Please complete this section in respect of all dependants for whom a travel plan is required on a separate sheet of paper.

Full name	% of benefit to be paid	Address	Relationship to insured person

If the death of one or more of the beneficiaries named above precedes your own, the proportion of that benefit will be shared between any surviving beneficiaries, in proportion with the percentages specified above. If this is not your wish, or if you would like to nominate any alternative beneficiaries, please state your wishes here:

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How we use your information

Please read this section carefully.

- We will use the information that you have given us on this application form for the purposes of administering your plan, processing your claims, identifying and preventing fraud, complying with our legal and regulatory obligations, and carrying out research and statistical analysis to help us improve our services. We will not retain your information for longer than is necessary.
- We may share your information with other organisations in relation to the above purposes, e.g. the insurer of your plan, payment service providers, and our emergency medical assistance service providers.
- Telephone calls to and from Dubai Insurance Company may be recorded for training and monitoring purposes.
- We will process the personal information of each person named on this form, including sensitive information such as details about your/their health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if you have any questions about how we use your information, or if you would like to request a copy of the information we hold about you. For full details of our privacy policy, please visit globalplans.ae/privacy or consult your plan agreement.

Declaration for your plan

Please read this section carefully and sign below.

- I understand that my application for a travel plan is subject to written acceptance by Dubai Insurance Company psc.
- I declare that I have taken reasonable care to answer every question for all persons named on this form fully, accurately, and to the best of my knowledge and belief. I also confirm that I have checked with each person that the information I have provided is a true representation of the facts.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my plan being cancelled.
- I understand that I must inform Dubai Insurance psc., in writing, of any changes in the facts provided in my application, including any change in health of any persons named on this form occurring before the start date of my plan.
- In order to process my claims, I understand that Dubai Insurance psc. may need to obtain details of my medical history and the medical histories of all persons named on this form.
- I authorise Dubai Insurance Company psc. to send all insurance documents as PDF files to the email address I have provided on this form. If I have applied through a broker or intermediary, I understand that these documents may be sent via email to that broker or intermediary.
- I understand that, upon receipt of my insurance documents, if I am not entirely satisfied, I can cancel my application from inception and receive a full refund of the premium paid, provided I notify Dubai Insurance psc. within 30 days of the plan start date, and provided no claim has been made.

Some important notes

Please make sure that this form and all supplementary documents are legible.

We are unable to accept electronic signatures below.

Name of applicant:

Signature of applicant: **Date:**