

Individual Application Form - Method of Payment

How to Apply

1. Fully complete the Individual Application Form. We cannot bind cover until we have received the first premium payment.
2. If you or your spouse/partner are aged 65 or over, also complete the Medical Questionnaire.
3. Calculate the premium due from the Individual Annual Premium Rates. Please note the following:
 - (a) 5% administration charge applies if you elect to pay premiums half-yearly or quarterly
 - (b) Insurance Premium Tax of 6% should be added to the premium of any insured person who will be resident in the UK
4. Complete the Method of Payment Details below.
5. Submit the completed Application Form to MediCare International Limited together with this Method of Payment Form. If you wish to pay your premium by credit card you must not send your credit card details by email.

Submitting your Application

By Post: MediCare International Limited, The Matrix, 9 Aldgate High Street, London EC3N 1AH, England
 By Fax: + 44 (0)20 7204 3746
 By Email: medicare@medicare.co.uk
NB If you are paying by credit card DO NOT email the Method of Payment Form – please send by post or fax, or telephone MediCare International Limited on +44 (0) 20 7204 3700 to arrange payment.

Method of Payment

Applicant's Name: _____ Policy No (if known): _____
 Frequency of payment: Annual Half-yearly Quarterly
Credit Card payment only – 5% surcharge applies

Method of payment:
 Cheque: _____ Bank Transfer: _____
Drawn on UK bank only, Annual payment only Annual payment only

Please make bank transfers to the following accounts, instructing your bank to make sure that the transfer identifies you as the source

Currency	Sort Code	Account No.	IBAN	SWIFT
Sterling £	20-00-00	53869067	GB03BARC20000053869067	BARCGB22
US Dollar \$	20-00-00	76383566	GB61BARC20000076383566	BARCGB22
Euro €	20-00-00	44928922	GB97BARC20000044928922	BARCGB22

Credit/Debit Card:
 Credit Cards will be debited in £STG / \$USD / €EURO
 Visa Mastercard Amex

I authorise MediCare International Limited to debit the following credit card for the premium amount indicated: _____

Card No. _____ Expiry date _____

Issue No: Issue Date: _____ Security Code _____
If applicable If applicable Last 3 digits on back of card or if AMEX 4 digits on front of card

Name of Cardholder: _____

Card Billing Address: _____

Postcode: _____

Signature of Cardholder: _____ Date: _____