

# 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) 7.5% administration charge applies if you elect to pay premiums quarterly
  - (b) 4% administration charge applies if you pay an annual premium by an American Express card
  - (c) Insurance Premium Tax of 5% 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 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, Matrix House, 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 on +44 (0) 20 7816 2033 to arrange payment.**

## Method of Payment

Applicant's Name: \_\_\_\_\_ Policy No (if known): \_\_\_\_\_  
 Frequency of payment: Annual  Quarterly   
Credit Card payment only - 7.5% 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**  
**Account Name:** SBJ Limited MediCare International **Bank:** Barclays **Address:** 1 Churchill Place, London E14 5HP

Currency	Sort Code	Account No.	IBAN	SWIFT
Sterling £ / Euro €	20-00-00	30945196	GB33BARC20000030945196	BARCGB22
US Dollar \$	20-00-00	69717344	GB93BARC20000069717344	BARCGB22

Credit/Debit Card:  
Credit Cards will be debited in ESTG only  
 Visa  Mastercard  Delta  Amex

I authorise MediCare International 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

Name of Cardholder: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_