WEXAS TRAVELLER PROTECTION APPLICATION FORM

Please read the attached leaflet carefully before completing this form in **BLOCK CAPITALS**

1. Details of principal insured person (habitual address of residence must be in the UK)

WEXAS Membership Number | Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Initials | Surname | Date of Birth

Address

Postcode

Telephone | Mobile | Email

2. Additional Persons to be covered (For annual cover they must live at the same address. Add further family details on a separate sheet of paper)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Initials | Surname | Date of Birth

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Initials | Surname | Date of Birth

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Initials | Surname | Date of Birth

3. Cover Type – Complete this box for either Annual Multi-trip Traveller Protection or Single-trip Cover

Annual Traveller Protection

Holiday Europe	31 day cover ☐	60 day cover* ☐		
Holiday Worldwide	31 day cover ☐	60 day cover* ☐	92 day cover* ☐	
Business	31 day cover ☐	60 day cover ☐		

** age restrictions apply see page 4*

Discounts: No Claims ☐ Personal Effects ☐ *(Policy commencement is date of purchase)*

(Cancellation cover starts when the policy is issued or at the time each subsequent trip is booked. Other cover starts on the date of departure)

Single Trip Protection (Call WEXAS if you're travelling to more than one destination.)

Country of destination

Departure Date | Return Date | No. of Days

(Cancellation cover starts when the policy is issued. Other cover starts on the first date of departure)

4. Method of Payment

Debit Card (no charge) ☐ Maestro (no charge) ☐ Visa (2.1%) ☐ Mastercard (2.1%) ☐ Amex (2.5%) ☐ Diner's Club (2.5%) ☐

Credit card fees apply as above. WEXAS recommends paying by Debit Card or Maestro to avoid any such charges.

5. Credit/Debit/Charge Card Instruction

Please charge my Credit/Debit/Charge Card the sum of £

Card No. | Valid from | Expiry Date

Issue No. *(if shown on card)* | Card Security Code *(if shown)* *(Final 3 digits on back of card with most cards, 4 at front for AMEX)*

Signature

Automatic renewal: to avoid any future lapse in my premium payments and to ensure full future continuation of my Traveller Protection, I authorise WEXAS to charge the then current premium to my credit/debit/charge card each year on the anniversary of the first payment, unless I instruct you in writing to discontinue these renewal charges. I understand that I will be notified personally three weeks in advance of renewal and will be informed of any change in premium.
Please cross this box if you do not require automatic renewal. ☐

6. Declaration

I acknowledge and agree that trips for which this insurance has been taken out will not be made contrary to medical advice, or to obtain medical treatment, or after a terminal prognosis has been made. I confirm that no one in this application is suffering from any medical condition that is awaiting or receiving investigation, treatment, tests, referral or review. Nor is such person aware of any reason why travel might be cancelled or curtailed.
Please note: The policy contains conditions and exclusions in relation to non-insured travelling companions, close relatives or persons with whom You intend to stay whilst on Your Trip, in the event of any need to cancel, curtail or interrupt a trip as a result of changes in their health. This policy contains restrictions regarding Pre-existing Medical Conditions which unless declared and accepted by the Insurers in writing prior to travel may invalidate any subsequent claim. If You are in any doubt as to whether You would be covered by the policy please call the Medical Screening Helpline in confidence on 0844 338 6144. If there is any change to your health after you have taken out this insurance you may need to advise us. I declare that, to the best of my knowledge and belief, the information given by me in this application is true and I agree that this application, together with the policy wording, will form the basis of the contract of insurance.

Signature of applicant | Date of application

By signing this form I hereby accept the terms and conditions given above and in this brochure.

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