Healthcare Plans

# PAYMENT DETAILS FORM

Please complete this form in BLOCK CAPITALS.

If you are an individual payer within a group scheme, please state the following information:

Group name

Group number

Please note that unless there is a problem with processing your payment, requests to change payment method and/or frequency can only be made at policy renewal. Requests must be received in writing at least 30 days prior to the renewal date.

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Policy number

## 1 WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit: **www.allianzcare.com/en/privacy.html**

Alternatively, you can contact us on + 353 1 630 1301 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by email at: **AP.EU1DataPrivacyOfficer@allianz.com**

**By signing and dating this form, I declare that all information supplied is true and complete.**

Principal member's signature

Principal member's printed name

Date D D / M M / Y Y Y Y

## 2 PAYMENT FREQUENCY AND METHOD

Payments are subject to the following administration surcharges: 0% for annual payment, 3% for half-yearly payments, 4% for quarterly payments and 5% for monthly payments.

Please tick ☑ to indicate your preferred payment frequency and method.

| | Annual | Half-yearly | Quarterly | Monthly |
|---|---|---|---|---|
| Direct Debit* (For payments in Euro, Sterling and Swiss Franc) | ☐ | ☐ | ☐ | ☐ |
| Credit card | ☐ | ☐ | ☐ | ☐ |
| Cheque | ☐ | ☐ | ☐ | Not available |
| Bank wire transfer | ☐ | ☐ | ☐ | Not available |

* If you choose to pay by direct debit, please complete and submit the relevant direct debit mandate, available from: www.allianzcare.com/en/international-individual-health-insurance/paper-applications/. Please note that if you are a member of a group scheme and wish to pay by direct debit, you must select the monthly payment frequency option.

Please go to either section 3, 4 or 5 on the following pages, depending on your choice of payment method.

Allianz Care

## 3 CHEQUE

If you choose to pay by cheque, please note that cheques must be made payable to Allianz Care, with the principal member's name and contract number stated on the back of the cheque. Please send cheques to:

Allianz Care
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

## 4 BANK WIRE TRANSFER DETAILS

Bank wire transfers made to the account below must include the principal member's name and contract number.

### EUR

| | |
|---|---|
| Account name: | Allianz Worldwide Care |
| Bank address: | Citibank, 1 North Wall Quay, Dublin 1, Ireland |
| Account number: | 9809007 |
| Sort code: | 990051 |
| IBAN: | IE27CITI99005109809007 |
| Swift code (BIC): | CITIIE2X |

### GBP

| | |
|---|---|
| Account name: | Allianz Worldwide Care |
| Bank address: | Citibank, 1 North Wall Quay, Dublin 1, Ireland |
| Account number: | 9809015 |
| Sort code: | 990051 |
| IBAN: | IE05CITI99005109809015 |
| Swift code (BIC): | CITIIE2X |

### CHF

| | |
|---|---|
| Account name: | Allianz Worldwide Care |
| Account number: | 13263118 |
| SWIFT: | CITIGB2LXXX |
| IBAN: | CH6689095000013263118 |
| Bank name: | Citibank ( Local Swiss Payment Account) |
| Bank address: | Citigroup Centre, Canada Square, Canary Wharf, London E14 5LB |

### USD

| | |
|---|---|
| Account name: | Allianz Worldwide Care |
| Bank address: | Citibank, 1 North Wall Quay, Dublin 1, Ireland |
| Account number: | 9809023 |
| Sort code: | 990051 |
| IBAN: | IE80CITI99005109809023 |
| Swift code (BIC): | CITIIE2X |

## 5 CREDIT CARD PAYMENT

If you choose to pay by credit card, please provide the following information:

Card type: MasterCard ☐ VISA ☐ American Express ☐ JCB ☐ Diners Club ☐ Discover ☐

Cardholder's name

Card number

Expiry date M M / Y Y

CVV code*

*VISA, MasterCard, Discover and Diners Club: the last three-digits on the signature panel on the back of the card.
American Express: four-digit number printed on the front of the card above the card number.

**For security reasons, once we have transferred this information to our system, we will detach the credit card details from the application form and destroy them.**

Credit card authorisation

I authorise Allianz Care to charge my credit card account with my healthcare premium. . I understand I will be notified of the premium when my cover/renewal is accepted or if I make a request that affects the premium, such as adding a dependant. This payment will continue until I cancel the instruction by giving written notice to Allianz Care. I understand I will be given one month's notice of any annual premium rate increase.

Cardholder's signature _____ Date D D / M M / Y Y Y Y

## PLEASE RETURN YOUR FULLY COMPLETED FORM BY:

**Email to:** group.admin@allianzworldwidecare.com or
**Fax to:** + 353 1 630 1306

**Alternatively you can post it to:**
Allianz Care
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

**Please contact our Helpline if you have any queries:**
+ 353 1 630 1301 or client.services@allianzworldwidecare.com
For our latest list of toll-free numbers, please visit: www.allianzcare.com/toll-free-numbers

FRM-Payment--EN-0620