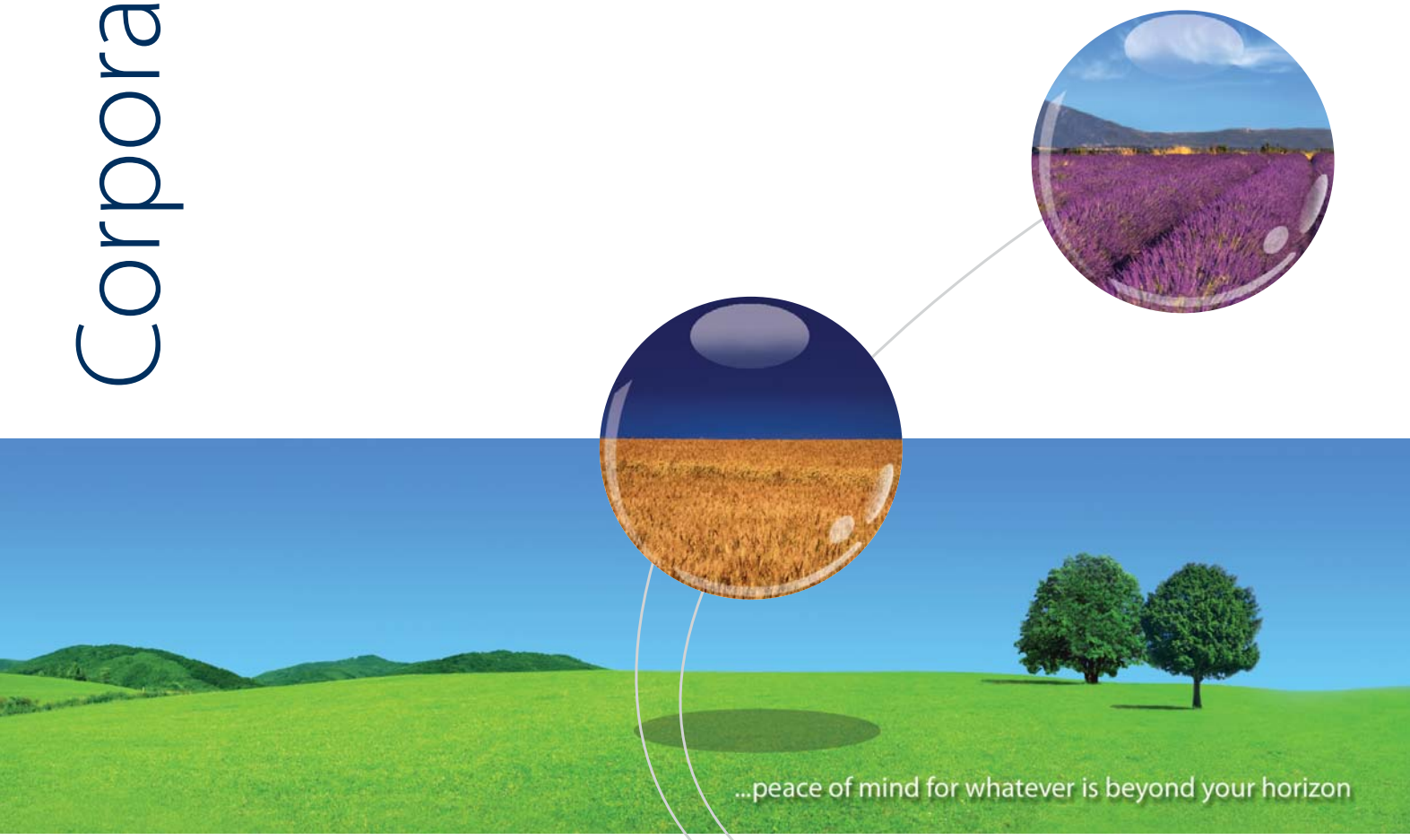
Corporate Healthcare Application

Prima Premier

Prima Classic

your health your choice your plan



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GLOBAL HEALTH INSURANCE

Details of policyholder (the company)

Please print clearly in capital letters.

Full Company Trading Name

Address (to be shown on policy)

Postcode

Correspondence address (if different from above)

Postcode

Telephone Number

Fax Number

Website address

Group Administrator

The person nominated by the company who is responsible for the administration of this policy, including notification of any changes or amendments required to the schedule of insured persons (leavers & joiners).

Name of Group Administrator

Title/Position

Telephone Number

Email

Medical Underwriting Terms

Please tick to indicate the underwriting terms required.

1. Moratorium (standard) ☐ 2. Transfer from another Insurer (CPME) ☐ 3. Medical History Disregarded (MHD) available for 20+ employees ☐

A completed Group Health Declaration is required for numbers 2 and 3 and cover will be subject to acceptance by underwriters.

Please note that in order to transfer from another Insurer (number 2), there must be no break in cover and copies of each member's Certificate of Insurance will be required.

Cover required

Please tick to indicate your preferred plan and the level of cover required:

Prima Premier ☐ Prima Classic ☐

Please tick to indicate the level of cover you require:

Prima Premier		Prima Classic	
In-patient/Day-patient Treatment		In-patient/Day-patient/Out-patient Treatment	
Out-patient Treatment	☐		
Pregnancy & Childbirth	☐	Pregnancy & Childbirth	☐
Dental Treatment	☐	Dental Treatment	☐
Evacuation & Repatriation	☐	Evacuation & Repatriation	☐

Please tick to indicate the area of cover you require:

Area 1 ☐ Europe **Area 2** ☐ Worldwide excluding USA **Area 3** ☐ Worldwide

The level of cover selected can be amended at any renewal date.

Currency

Please tick to indicate the currency in which you wish to receive your benefits:

Sterling (£) ☐ Euro (€) ☐ Dollars (US$) ☐

Policy Excess

The Prima Premier and Prima Classic carry a standard £150: €180: US$225 policy excess per person per policy year which applies to both In-patient & Out-patient expenses. You can amend this by applying for an increased/decreased policy excess (which will also be applied to both In-patient & Out-patient expenses). Please tick to indicate which excess level you require. If no box is ticked, then the policy will be issued with the standard policy excess of £150: €180: US$225.

☐ Nil	☐ £50	☐ £300	☐ £500	☐ £1,000	☐ £5,000	☐ £7,500
☐ Nil	☐ €60	☐ €360	☐ €600	☐ €1,200	☐ €6,000	☐ €9,000
☐ Nil	☐ US$75	☐ US$450	☐ US$750	☐ US$1,500	☐ US$7,500	☐ US$11,250

Details of persons to be covered

Please supply an excel spreadsheet of all persons (including dependants, where applicable) to be covered under this policy, stating:

Surname	First Name	Other Initial	Title	Member / Partner / Child	Date of Birth (dd/mm/yy)	Sex M / F	Nationality	Country of Residence

Method of payment

Premiums are payable annually, quarterly or monthly by Cheque or Bank Transfer (details to be provided upon acceptance)

Annually ☐ Quarterly ☐ Monthly ☐

All cheque payments must be in favour of à la carte healthcare limited. à la carte healthcare limited do not accept liability for any payments made by other methods or for any payment which does not clearly identify the policyholder.

Commencement date

Date on which you wish this policy to commence.

Day _____ Month _____ Year _____

Our policies are required to renew on the first of the month. If commencement of cover is required on a date other than the first, a pro-rata premium will apply in the first policy year.

Cover under this policy cannot commence until such time as we receive and accept this Application Form.

If you wish your cover to commence at a future date, you must notify us of any material change to the information provided in this Application Form. You cannot apply for cover to commence more than 60 days in advance of completion of this Application Form.

Data Protection Act 1998

We will collect certain information about your company and employees in the course of considering your application. This information will be processed for the purposes of underwriting your insurance coverage, managing any policy issued and administering claims. We may pass information to Underwriters, Medical Practitioners, Medical Assistance Companies and Claims Administrators for these purposes. This may involve the transfer of information to countries that do not have data protection laws. You may have a right of access to, and correction of, information that we hold about you. Please contact us if you would like to exercise either of these rights. Some of the information we collect about your employees may be classified as 'sensitive' - that is information about racial or ethnic origin and physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including in some circumstances the need to obtain explicit consent before we process the information. By signing this proposal form your company consents to the processing and transfer of information (including sensitive information) described in this notice. Without this consent we would not be able to consider your company application.

Declaration

1 I have received, read and understood the full Definitions, Benefits, Exclusions and Conditions of this Policy including General Exclusion 1 relating to Pre-existing Conditions and General Condition 7 relating to Governing Law. General Exclusion 1 relating to Pre-existing Medical Conditions is not applicable to Medical Underwriting Transfers (CPME) or Medical History Disregarded (MHD) underwriting terms.

2 I declare that the information given in this Application is true and complete in respect of all persons to be covered under the policy, including all answers given which are not in my own handwriting.

3 I understand that if the company is not satisfied with the content of this policy, the company may cancel the insurance within 14 days from the commencement date and, provided I have not submitted a claim, the company is entitled to a full refund of premium.

4 I have read and understood the Data Protection Act 1998 as contained in this Application Form.

Signature _____ Date _____

Name (please print) _____

Position in Company _____

Agency Name

Agency Number

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