



For Intermediary use only			
Intermediary name		Intermediary code	

# Islands Health Plan: Corporate

Underwritten by AXA PPP healthcare Limited

## Group application form

### 1 About your new company policy

You can choose to have different levels of cover, additional options and excess levels for different employees based on the hierarchical structure of the company. Please indicate below ALL options that will apply to this group policy and use the 'Corporate member registration sheet' to indicate specific levels or options for each employee.

For full details on underwriting options, the different types of cover available, additional options you may include and excess levels, please refer to [axappinternational.com](http://axappinternational.com) or ask your Intermediary.

#### 1.1 On what date would you like your cover to start?

All group policies will be automatically back-dated to the first day of the month, but your premium will only apply from the date that you give here.

D	D	M	M	Y	Y	Y	Y		

#### 1.2 How many employees do you initially want to cover on this policy?

Once the policy is in place, you can add additional employees at any time by completing a new 'Corporate member registration sheet'.

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#### 1.3 How would you like to have the policy underwritten? i Tick one box only.

- Full Medical Underwriting (FMU)** If you select this option there is no need to complete 4 **Medical history statements**.
- Medical History Disregarded (MHD)** If you select this option, please ensure you complete 4 **Medical history statements**.
- Continued Medical Exclusions (CME)** CME only applies if you are switching from another insurer. If you select this option, please ensure you complete 4 **Medical history statements**.

#### 1.4 What type of cover and optional upgrades do you require?

i If you require different levels of cover and/or optional upgrades for different employees, please tick ALL boxes that apply and use the 'Corporate member registration sheet' to specify details for each employee.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> <b>Ultimate</b> | <input type="checkbox"/> Extended hospital list   | <input type="checkbox"/> <b>Classic</b> | <input type="checkbox"/> Extended hospital list   |
|  |   |   | <input type="checkbox"/> Dental and optical cover |
| <input type="checkbox"/> <b>Premier</b>  | <input type="checkbox"/> Extended hospital list   | <input type="checkbox"/> <b>Core</b>    | <input type="checkbox"/> Extended hospital list   |
|  | <input type="checkbox"/> Dental and optical cover |   | <input type="checkbox"/> Dental and optical cover |

#### 1.5 What excess level do you require?

i If you require different excess levels for different employees, please tick ALL boxes that apply and use the 'Corporate member registration sheet' to indicate which level applies to each employee.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>No excess</b>    | <input type="checkbox"/> <b>Level 1</b> £100   | <input type="checkbox"/> <b>Level 2</b> £200   |
| <input type="checkbox"/> <b>Level 3</b> £500 | <input type="checkbox"/> <b>Level 4</b> £1,000 | <input type="checkbox"/> <b>Level 5</b> £2,000 |

■ If you are completing this form by hand, please use **BLACK INK** and write in **BLOCK CAPITALS** throughout

# Notes to help you with your application

We aim to make it as easy as possible for you to apply for your company's health insurance, so please read the following notes before you start. If you have any questions, please contact your Intermediary or for direct sales, call our helpline on **+44 (0) 1892 508 800** and we'll be pleased to help you. Lines are open Monday to Friday, 8am to 5pm (GMT).

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## Please be aware of the following points before you start to complete this form

Your group policy will be underwritten by AXA PPP healthcare Limited ("AXA PPP"). AXA Global Healthcare (UK) Limited is acting on behalf of AXA PPP for the purpose of accepting and administering this policy.

If you select Full Medical Underwriting (FMU) as the underwriting style of this group scheme, each employee must complete and sign a 'Corporate member application form'. This will form the basis of the contract between your company and AXA PPP.

If you select Medical History Disregarded (MHD) as the underwriting style of this group policy please make sure the medical history statements in **4 Medical history statements** are completed.

If you are switching from another insurer to AXA.

- the underwriting style of this group policy will be Continued Medical Exclusions (CME) and the terms will remain the same as your existing policy, providing you are able to tick 'No' to both medical history statements in **4 Medical history statements**.
- please enclose a current policy statement for each employee to be covered, as proof of their current underwriting terms – if we don't receive this, Full Medical Underwriting will be applied to the policy.

A number of countries require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. This cover may not meet these country specific requirements and therefore additional cover may be necessary. In some situations there may be consequences in the form of tax penalties or otherwise where a resident does not hold the required local cover in addition to their international medical insurance policy. It will be your obligation to ensure that each of your employees and their family members hold the cover required by their principal country of residence (as defined in **2 About the company**).

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## Tips for completing this application form

- This form must be completed and signed by the **Group Secretary** who is authorised by the Company to enter into this contract for the provision of private medical insurance.
- If you are completing this form digitally, please print it out once completed and sign the **6 Company declaration** before returning it to us.
- If your Intermediary is going to complete this form on your behalf using the information you have provided, you must read all of the questions and answers carefully before signing the **6 Company declaration** at the end. Your Intermediary is acting on your behalf in this respect.

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## Once you've completed your application

- Please check your details carefully and make sure you have signed and dated the **6 Company declaration**.
- Completed applications can be emailed to us at [intsales@axa.com](mailto:intsales@axa.com), however we can't accept digital signatures, so you must print, sign and scan in **6 Company declaration**.
- Return the completed form(s) to us at  
AXA Global Healthcare (UK) Limited, Forest Road, Tunbridge Wells, Kent, TN2 5FE, UK.
- We would advise that you keep a record of all information supplied in connection with this application, including any correspondence you send us. We can send you a copy of this application, providing you let us know within three months.

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## Definitions of words and phrases

Some of the words and phrases we use on this form have a specific meaning, for example when we talk about treatment.

**You and your** – When we use you and your, we mean the lead member and any family members covered by your policy.

**We, us and our** – when we use we, us or our, we mean AXA Global Healthcare (UK) Limited acting on behalf of AXA PPP healthcare Limited.

## 2 About the company

Please remember to use **BLACK INK** and write in **BLOCK CAPITALS** throughout

### 2.1 Full company name

Registered name

Trading as (if different)

### 2.2 Company registration details

Please give full address details, including postal code and country (as applicable)

Registered address

  

Postcode

Country

Registered number

### 2.3 Company correspondence details (if different)

This is where we will send the policy documents.  
Please give full address details, including postal code and country where applicable.

  

Postcode

Country

### 2.4 Nature of company business

### 2.5 Total number of employees to be covered

### 2.6 Group Secretary details

Please give your details as the person nominated as Group Secretary on this policy

Full name, including title

Position in company

### 2.7 Group Secretary contact details

Please give contact details where we could reach you.  
Please include country and area codes, where applicable.

Telephone

Email

Fax (if applicable)

### 2.8 Are you switching to an AXA - Global Healthcare group policy from an existing policy?

- No ► Go to 4 Medical history statements  
 Yes ► Go to 3 About your current group policy

### 2.9 Is the company recovering all, or any part of its premiums from its employees?

- No  Yes

If so, is the company recovering all or any part of the premiums relating to:

- Employees  No  Yes  
Family members of employees  No  Yes

### 3 About your current group policy

3.1 Name of current insurance company

3.2 Dates of current group policy

Your policy cannot be switched if it has already expired. If this is the case, please contact your Intermediary or call our helpline for advice.

Original start date

D	D	M	M	Y	Y	Y	Y

Expiry date

D	D	M	M	Y	Y	Y	Y

### 4 Medical history statements

- ✗ If you have selected **Full Medical Underwriting (FMU)** style of underwriting ► Please go to **5 Payment options**
- ✓ If you have selected the **Medical History Disregarded (MHD)** or **Continued Medical Exclusion (CME)** style of underwriting, please answer the statements below

You must take reasonable care to provide accurate and complete answers to all questions.

If you do not take reasonable care and the information provided by you is inaccurate or incomplete then depending on the circumstances, we may take one or more of the following actions:

- Cancel your policy
- Declare your policy void (treating your policy as if it had never existed)
- Impose different terms to your cover; or
- Refuse to deal with all or part of any claim or reduce the amount of any claim payments.

We may ask you to provide further information and/or documentation to ensure that the information you provided when taking out, making changes to or renewing your policy was accurate and complete.

Please do not assume that we will carry out any searches, check our records or contact any other person to check the answers to any of the questions on this proposal form or any of the information provided in response to these questions. It remains your responsibility to complete the proposal form and check that the information within it is accurate and complete.

**Please note:** By treatment we mean surgical or medical services (including medication prescribed by a specialist) that are needed to diagnose, relieve or cure a disease, illness or injury.

4.1 To the best of your knowledge, has any member to be included on this scheme been diagnosed with, or received any form of treatment/consultation for cancer in the past five years?

No ► Go to question 4.2

Yes Contact your Intermediary or call us on +44 (0) 1892 508 800

4.2 To the best of your knowledge, does any member to be included on this policy have any medical condition that is likely to result in the need for an in-patient stay in hospital?

No ► Go to **5 Payment options**

Yes Contact your Intermediary or call us on +44 (0) 1892 508 800

Lines are open Monday to Friday, 8am to 5pm (UK time).

## 5 Payment options

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### 5.1 How do you want to pay your premiums?

**i** Tick one box only.

If you choose to pay annually, you will receive a 5% discount on your premium.

Direct Debits can only be accepted from £ Sterling bank accounts with a valid UK Sort Code.

#### By Direct Debit

- Annually
- Quarterly
- Monthly

► Now complete **DD Direct Debit Instruction** on the next page.

#### By Cheque

- Annually
- Quarterly

We will contact you with details on acceptance of the policy.

#### By Bank Transfer

- Annually
- Quarterly

We will contact you with details on acceptance of the policy.

## 5 Payment options continued

# Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form (including the official use box if appropriate) and send to:

**AXA - Global Healthcare,  
Phillips House, Crescent Road,  
Tunbridge Wells, Kent TN1 2PL.**

Name(s) of account holder(s):

Bank/Building Society account number:

Branch Sort Code:

Name and full postal address of your bank or building society

To The Manager:	Bank/Building Society
Address:	
Postcode:	

Reference: (AXA membership no.)

Service User Number:

This is not part of the instruction to your Bank or Building Society.

**Please complete this box if you are paying on behalf of the lead member.**

Name and address of account holder: \_\_\_\_\_



Telephone no: \_\_\_\_\_

Lead member's name: \_\_\_\_\_

### Instruction to your Bank or Building Society

Please pay AXA Global Healthcare (UK) Ltd Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with AXA - Global Healthcare and, if so, details will be passed electronically to my Bank/Building Society

Signature(s):



Date:

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit
- AXA Global Healthcare (UK) Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request AXA Global Healthcare (UK) Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by AXA Global Healthcare (UK) Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when AXA Global Healthcare (UK) Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## 6 Company declaration

Please read the Data Protection Notice and following declarations carefully, and only sign below if you understand and accept them.

### Privacy Notice

**i** By signing and returning this form you indicate that you have authority to give consent on behalf of any family members covered by your policy and, on your own and their behalf, you consent to the use of personal information as set out in the Privacy Notice opposite.

### Your Employees' Personal Information

Your policy is underwritten by AXA PPP healthcare Limited and administered by AXA Global Healthcare (jointly AXA). This is a summary of our respective Privacy Policies that you can find on our websites: [axaglobalhealthcare.com/en/about-us/privacy-and-legal](http://axaglobalhealthcare.com/en/about-us/privacy-and-legal) and [axapphealthcare.co.uk/privacy-policy](http://axapphealthcare.co.uk/privacy-policy).

Please make sure that everyone covered by this policy reads this summary and the full data privacy policies on our websites, [axaglobalhealthcare.com/privacy-ie](http://axaglobalhealthcare.com/privacy-ie) and [axaglobalhealthcare.com/en/about-us/privacy-and-legal](http://axaglobalhealthcare.com/en/about-us/privacy-and-legal). If you would like a copy of the full Privacy Policies please call us on +44 (0) 1892 503 856 and we'll send you one.

We want to reassure you AXA never sells personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will obtain your consent to process information such as your medical information when it's necessary to do so.

We collect information about your employees and their family members who are covered by your plan from your employees and their family members, your healthcare providers, your employer (if you are on a company scheme), your insurance broker if you have one and third-party suppliers of information.

We process your employees' information mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis for example to help us decide on premiums and marketing.

We may disclose your employees' information to other people or organizations. For example we'll do this to:

- Manage your claims, e.g. to deal with your doctors;
- Facilitate the provision of benefits or otherwise manage your policy; and
- Help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- Allow other AXA companies to contact you if you have agreed.

In order to be able to manage your policy, we may transfer and access your employees' information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. Before doing so we will ensure that your data is protected and disclosed only to authorised individuals solely for servicing your policy or claim. Any internal transfer of your data will be undertaken only in accordance with the relevant data protection laws and regulations.

Where our using your employees' information relies on their consent they can withdraw their consent, but if they do we may not be able to process claims or manage your plan properly.

We will inform you if a data breach occurs and your employees' personal and medical information are disclosed to unauthorised parties. The notification will be provided within 72 hours of the confirmation of the incident.

In some cases you have the right to ask us to stop processing your employees' information or tell us that you don't want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about your employees' and ask us to correct information that is wrong.

If you want to ask to exercise any of your rights just call us on +44 (0) 1892 503 856 or write to us.

### Declaration

- a) Your policy will be insured by AXA PPP healthcare Limited and will be administered by AXA Global Healthcare (UK) Limited.
- b) I declare that:
  - to the best of my knowledge and belief the statements on this application form are full, true and correct
  - I shall read the policy handbook when received and that I agree to be bound by it unless I cancel the enrolment within 14 days of acceptance of my application.I agree that the acceptance of my application shall be on the basis of these statements.
- c) I understand that if there are changes in the information I have given before the start date of my policy, I must inform you in writing immediately.
- d) I understand that once the policy has started, you will not pay for treatment of any medical condition (or related medical condition) which the member(s) already had when they joined unless fully disclosed on this application and accepted by you. This includes any such medical condition(s) or symptoms, whether or not being treated and any previous medical condition(s) which recurs, or which I should reasonably have known about even if I had not consulted a doctor.
- e) I understand that as the legal holder of this insurance policy, all correspondence about this application, including claims correspondence, will be sent to me unless I write to tell you otherwise. I also understand that policy documents, written communications and membership details will be issued in English unless you and I have specifically agreed, in writing, to communicate in a different language.
- f) I understand that some countries require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements and that the cover provided by you may not meet these country specific requirements and therefore additional cover may be necessary. I further understand that in some situations there may be consequences in the form of tax penalties or otherwise where a resident does not hold the required local cover in addition to their international medical insurance policy. If I have any concerns about any additional cover requirements in my principal country of residence (as defined in **2 About the company**), I understand that it will be my responsibility to check with the local authorities to determine whether there are any further healthcare requirements with which I am expected to comply.
- g) By signing and returning this form I confirm that the declarations set out in this application are correct and that I have the authority to enter this policy on behalf of any family members.

Lead member signature

(This form must be hand signed. We do not accept electronic signatures.)

Date

D	D	M	M	Y	Y	Y	Y
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