



Global Protect Health Plan

Application form

Addition of family members

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

■ To help speed up your application, please give us your company's name and group membership number

The Group Secretary can give you this if applicable.

Company name

Group membership number

Notes to help you with your application

We aim to make it as easy as possible for you to apply for your health insurance, so please read the following notes before you start. If you have any questions, please contact the Group Secretary.

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

- ✗ **Please do not use this form** if you are switching from another insurer, transferring from or upgrading an existing policy with AXA General Insurance Hong Kong Limited.
- Please take care to provide accurate and complete answers to all questions for all members who are to be insured under this plan. This will help avoid any delay in processing your application.
- If you don't answer truthfully and accurately, it will very likely mean that a claim will be declined and your policy may be cancelled.
- The person named in **1 About the lead member** must be an employee of the company given on page 1 and will be the lead member.
Please make sure you have permission to advise us of all the medical details for all family members you wish to add to this 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. The cover offered by AXA General Insurance Hong Kong Limited 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. Please speak to your company's group secretary if you have any concerns about any additional cover requirements in your principal country of residence (as defined in **1 About the lead member**), as it will be your company's obligation to ensure that each of its employees and their family members hold the cover required by their principal country of residence (as defined in **1 About the lead member**).
- Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please email us at intsales@axa.com or please visit the HKIA website at: https://www.ia.org.hk/en/aboutus/role/financial_arrangements.html
- Your plan is arranged by AXA Global Healthcare (Hong Kong) Limited and AXA Global Healthcare (UK) Limited administers the plan, on behalf of AXA General Insurance Hong Kong Limited. AXA General Insurance Hong Kong Limited is the insurance underwriter of this plan.

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

- If you are completing this form digitally, please print it out once completed and sign the **5 Declaration** before returning it to us.
- If you have an Intermediary who 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 **5 Declaration** at the end. Your Intermediary is acting on your behalf in this respect.
- If you need extra space, please use **4 Additional Information**.

To complete this application form you will need

- Details of medication or treatment that any family members being added to this policy are currently receiving and have received within the last five years.

Once you've completed your application

- Please check your details carefully and make sure you have signed and dated the **5 Declaration**.
- Completed applications can be emailed to us at intsales@axa.com, however we can't accept digital signatures so you must print, sign and scan **5 Declaration**.
- Return the completed form to us at:
AXA Global Healthcare (Hong Kong) Limited, Unit 2201-2206, 22/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong.
- Please keep a record of all information supplied in connection with this application, including any letters you send us. We can send you a copy of this application, providing you let us know within three months.

1 About the lead member

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

1.1 Full name and title

Please ensure you give all middle names.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other – please state

Forename(s) and middle name(s) in full

Surname

1.2 AXA Global Protect Health Plan Policy No.

2 Additional family members to be covered

2.1 Family members to be covered

i All members covered by this policy must have the same principal country of residence.

Family members can include the lead member's:

• spouse/partner • any children.

If the family member is still at school/college, please give 'student' as their occupation.

Family member 1

Full name and title

Relationship to the lead member

Sex ☐ Male ☐ Female

Date of birth

D	D	M	M	Y	Y	Y	Y		

Nationality

Principal country of residence

Occupation

Family member 2

Full name and title

Relationship to the lead member

Sex ☐ Male ☐ Female

Date of birth

D	D	M	M	Y	Y	Y	Y		

Nationality

Principal country of residence

Occupation

Family member 3

Full name and title

Relationship to the lead member

Sex ☐ Male ☐ Female

Date of birth

D	D	M	M	Y	Y	Y	Y		

Nationality

Principal country of residence

Occupation

Family member 4

Full name and title

Relationship to the lead member

Sex ☐ Male ☐ Female

Date of birth

D	D	M	M	Y	Y	Y	Y		

Nationality

Principal country of residence

Occupation

3 Confidential medical history

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 the 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.

In your answers, please include:

- Member name
- Symptoms / Condition / Diagnosis
- The area of the body affected (eg right leg, left eye).
- Date of onset, frequency & severity of symptoms, date of last symptoms
- Details of any past or current medication or treatment
- Current status (eg fully recovered/on-going)

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

3.1 Has anyone to be added to this policy consulted with a medical practitioner, been admitted to hospital or nursing home, or suffered from an intermittent or recurring illness during the last five years?

In your answers, please include:

- Member name
- Symptoms / Condition / Diagnosis
- The area of the body affected (eg right leg, left eye).
- Date of onset, frequency & severity of symptoms, date of last symptoms
- Details of any past or current medication or treatment
- Current status (eg fully recovered/on-going)

☐ **No** ► Go to question 3.2

☐ **Yes** Give details here

If you need more space ► Use 4 Additional information

3 Confidential medical history continued

3.2 Has anyone to be added to this policy consulted with a medical practitioner in the past year?

In your answers, please include:

- Member name
- Symptoms / Condition / Diagnosis
- The area of the body affected (eg right leg, left eye).
- Date of onset, frequency & severity of symptoms, date of last symptoms
- Details of any past or current medication or treatment
- Current status (eg fully recovered/ on-going)

☐ **No** ► Go to question 3.3

☐ **Yes** Give details here

If you need more space ► Use 4 **Additional information**

3.3 Has anyone to be added to this policy had any medical condition, disability or health problem, not mentioned above, whether or not a doctor has been consulted, for example, gynaecological or menstrual problems, complications of pregnancy, signs or symptoms of varicose veins, back trouble, joint disorders, joint replacements, foot problems (e.g. bunions), indigestion or bowel problems, abdominal pain, skin problems, allergies, anxiety, depression or other psychiatric problems, trouble with heart, limbs, ears, eyes, urination?

In your answers, please include:

- Member name
- Symptoms / Condition / Diagnosis
- The area of the body affected (eg right leg, left eye).
- Date of onset, frequency & severity of symptoms, date of last symptoms
- Details of any past or current medication or treatment
- Current status (eg fully recovered/ on-going)

☐ **No** ► Go to 5 **Declaration**

☐ **Yes** Give details here

If you need more space ► Use 4 **Additional information**

4 Additional information

Please use this section if you need more space to answer any questions.

If you don't need more space ► Now go to **5 Declaration**.

In your answers, please include:

- Question number
- Member name

5 Declaration

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

If the lead member is under 18, the Parent or Legal Guardian named in **1 About the lead member** must accept and sign on their behalf.

Privacy Notice

i Before you sign and return this form please show the statement opposite to anyone over 16 that you wish to cover on this plan, or inform them of its contents.

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 Data Protection Notice opposite.

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
7. AXA Global Healthcare (UK) Limited will process your information mainly for managing your membership and claims, including investigating fraud. It will also have a legal obligation to do things such as report suspected crime to law enforcement agencies. AXA Global Healthcare (UK) Limited also does some processing because it helps it run its business, such as research, finding out more about you and statistical analysis. Its full data privacy statement can be found at axaglobalhealthcare.com/en/about-us/privacy-and-legal.

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

5 Declaration continued

Data Protection Notice continued

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Health and Employee Benefits Data Privacy Officer

AXA General Insurance Hong Kong Limited

11/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

Declaration

- a) 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 by AXA General Insurance Hong Kong Limited.
- I agree that the acceptance of my application shall be on the basis of these statements.
- b) 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.
- c) 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 you should reasonably have known about even if you had not consulted a doctor.
- d) I understand that as the legal holder of this insurance policy, you will send all correspondence about this application, including claims correspondence, to me, unless I write to tell you otherwise. I also understand that you will issue policy documents, written communications and membership details in English unless you and I have specifically agreed, in writing, to communicate in a different language.
- e) 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 offered 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 **1 About the lead member**), 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.
- f) **Sanction limitation and exclusion clause**
We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, United Kingdom, United States of America or under a United Nations resolution. If you or a dependant are directly or indirectly subject to economic sanctions, including sanctions against your country of residence, we reserve the right to immediately end cover and/or stop paying claims on the plan, even if you have permission from a relevant authority to continue cover or premium payments under a plan. In this case, we can cancel the plan or remove a dependant immediately without notice, but will then tell you if we do this. If you know that you or a dependant are on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out.
- g) **Commission Disclosure statement**
The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by AXA General Insurance Hong Kong Limited, AXA General Insurance Hong Kong Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to AXA General Insurance Hong Kong Limited that he or she is authorized to do so. The applicant further understands that the above agreement is necessary for AXA General Insurance Hong Kong Limited to proceed with the application.
- h) 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

Date

D	D	M	M	Y	Y	Y	Y

If the lead member is under 18, this form must be signed by their parent/legal guardian

Signatory's full name