



For Intermediary use only	
Intermediary name	
Intermediary address	
Intermediary code	

Global Protect Health Plan: Corporate

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 'enrolment spreadsheet' to indicate specific levels or options for each employee.

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

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	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 'enrolment spreadsheet'.

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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 'enrolment spreadsheet' to specify details for each employee.

Comprehensive options You can choose a combination of options, however you cannot include both the extended out-patient and pregnancy options together. The Pregnancy option is only available for groups of 10 or more.

- Prestige Plus** Semi private room
- Prestige** Dental cover Semi private room
- Comprehensive** Dental cover Pregnancy cover OR Extended out-patient cover Semi private room

1.5 Do you need the policy to cover the USA?

i If you require different geographical areas for different employees, please tick both boxes and use the 'enrolment spreadsheet' to indicate which area applies to each employee.

- Yes No

1.6 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 'enrolment spreadsheet' to indicate which level applies to each employee.

- No excess** **Level 1** \$160 **Level 2** \$400
- Level 3** \$800 **Level 4** \$1,600 **Level 5** \$3,200

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.

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

If you select Full Medical Underwriting (FMU) as the underwriting style of this group scheme, each employee must complete and sign an 'enrolment spreadsheet'. This will form the basis of the contract between your company and AXA General Insurance Hong Kong Limited.

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 General Insurance Hong Kong Limited:

- 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. 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. 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**).

- 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.

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.

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, 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 (Hong Kong) Limited, 10th Floor, Vertical Square, 28 Heung Yip Road, Wong Chuk Hang, Hong Kong.
- 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.

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

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.

Company correspondence details (if different)	
Postcode	Country

2.4 Nature of company business

2.5 Total number of employees to be covered

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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 General Insurance Hong Kong Limited group policy from an existing policy?

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

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

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

5 Payment options

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.

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.

6 Company declaration

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

Data Protection 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 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. It’s 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;

6 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 & Employee Benefits Data Protection 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) The Company declare that:
 - to the best of its knowledge and belief the statements on this application form are full, true and correct
 - the Group Secretary shall read the Group Secretary Guide when received and that the Company agrees to be bound by it unless it cancels the enrolment within 14 days of acceptance of its application by AXA General Insurance Hong Kong Limited. The Company agrees that the acceptance of its application shall be on the basis of these statements.
- b) The Company understands that if there are changes in the information it has given before the start date of the policy, it must inform AXA General Insurance Hong Kong Limited in writing immediately.
- c) The Company understands that AXA General Insurance Hong Kong Limited will send all correspondence about this application, including claims correspondence, to the Group Secretary, unless the Company writes to tell AXA General Insurance Hong Kong Limited otherwise. The Company also understands that AXA General Insurance Hong Kong Limited will issue policy documents, written communications and membership details in English unless AXA General Insurance Hong Kong Limited and the Company have specifically agreed, in writing, to communicate in a different language.
- d) The Company understands 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 AXA General Insurance Hong Kong Limited may not meet these country specific requirements and therefore additional cover may be necessary. The Company further understands 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. The Company agrees that it will be its 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 2 **About the Company**).
- e) **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 any insured person is directly or indirectly subject to economic sanctions, including sanctions against their country of residence, we reserve the right to immediately end cover and/or stop paying claims on the policy, even if they have permission from a relevant authority to continue cover or premium payments under a policy. In this case, we can cancel the policy or remove an insured person immediately without notice, but will then tell you if we do this. If you know that any insured person is on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out.
- f) **Commission Disclosure statement**
The Company understands, acknowledges and agrees that, as a result of the Company 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 Company further understands that the above agreement is necessary for AXA General Insurance Hong Kong Limited to proceed with the application.
- g) By signing and returning this form the Group Secretary confirms that the declarations set out in this application are correct and that he or she has the authority to enter this policy on behalf of the Company.

Company representative signature

Date

D	D	M	M	Y	Y	Y	Y		

Signatory's full name

Company job title