



For Intermediary use only			
Intermediary name		Intermediary code	

Global health plan: Corporate MHD

Underwritten by XL Catlin Insurance Company UK Limited.

Group application form

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).

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

Your group policy will be underwritten by XL Catlin Insurance Company UK Limited. AXA Global Healthcare (UK) Limited is acting on behalf of XL Catlin Insurance Company UK Limited for the purpose of accepting and administering this policy.

You have chosen Medical History Disregarded (MHD) as the underwriting style of this group policy, therefore please make sure the medical history statements in **3 Medical history statements** are completed.

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 the country where your employees normally live (as defined below in **Definitions of words and phrases**).

Tips for completing this application form

- This form and the 'enrolment form', which forms an integral part of this application 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 **5 Company declaration** before returning it to us with your completed 'enrolment form'.
- 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 and review the content of the 'enrolment form' carefully before signing the **5 Company declaration** at the end. Your Intermediary is acting on your behalf in this respect.

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 Group Secretary on behalf of the Company.

We, us and our – when we say 'we', 'us' and 'our', we mean AXA Global Healthcare (UK) Limited acting on behalf of XL Catlin Insurance Company UK Limited, who is the insurance company who underwrite this product.

Country where your employees normally live – the country where your employees live or intend to live for most of the year. It will be shown as their address on their health insurance statement.

1 About your new company policy

Please remember to 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		

2 About the company

2.1 Full company name

Registered name

2.2 Company number

Registered company number

2.3 Company registration details

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 SIC code of company business

2.5 Group Secretary details

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

Full name, including title

Position in company

2.6 Group Secretary contact details

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

Telephone

Email

2.7 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 Medical history statements

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:

- Cease 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.

3.1 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 3.2

☐ **Yes** Contact your Intermediary or call us on +44 (0) 1892 508 800. Lines are open Monday to Friday, 8am to 5pm (UK time).

3.2 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 4 **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).

► The above sections 3.1 and 3.2 relate to the population to be insured. The 'Enrolment form' sent alongside this 'Application form' will also give details of the employees to be insured and their level of cover. Please ensure that you provide accurate and up to date information on both the 'Enrolment form' and this 'Application form'.

4 Payment options

4.1 How do you want to pay your premiums?

 Tick one box only.

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.

► Go to 5 **Company declaration**

By Bank Transfer

- ☐ Annually
☐ Quarterly

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

► Go to 5 **Company declaration**

4 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
UK**

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:	
<input type="text"/>	
Postcode:	

Service User Number:

Reference: (AXA membership no.)

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:

D	D	M	M	Y	Y	Y	Y
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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.

5 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 employees 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 XL Catlin Insurance Company UK Limited and administered by AXA Global Healthcare (jointly AXA). This is a summary of our respective Privacy Policies that you can find on our website: axaglobalhealthcare.com/en/about-us/privacy-and-legal.

Please make sure that everyone covered by this policy reads this summary and the full data privacy policy on our website, 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 you, your employees and their family members, their healthcare providers, your insurance broker if you have one and third-party suppliers of information.

We process your employees' information mainly for managing their 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 their claims, e.g. to deal with their 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 and/or your employees if you/they 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 and your employee's data is protected and disclosed only to authorised individuals solely for servicing your policy or employee's claim. Any internal transfer of your or your employees' 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 their 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 XL Catlin Insurance Company UK Limited and will be administered by AXA Global Healthcare (UK) Limited.
- b) The Company declares that:
- to the best of it's knowledge and belief the statements on this application form and the information on the enrolment form is full, true and correct.
 - I the Group Secretary shall read the Group Insurance Contract when received and that the Company agrees to be bound by it unless it ceases the enrollment within 14 days of acceptance of its application.
- The Company agrees that the acceptance of this application shall be on the basis of these statements.
- c) The Company understands that if there are changes in the information provided before the start date of this policy, the Company must inform us in writing immediately.
- d) The Company understands that as the legal holder of this insurance policy, all correspondence about this application, excluding claims correspondence, will be sent to the Group Secretary unless the Company writes to us to tell us otherwise. The Company also understands that policy documents, written communications and membership details will be issued in English unless the Company and us have specifically agreed, in writing, to communicate in a different language.
- e) The Company acknowledges 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 XL Catlin Insurance Company UK 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. If the Company has any concerns about any additional cover requirements in the country where your employees normally live (as defined on **Page 1**), 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) By signing and returning this form the Group Secretary warrants that it has the authority to complete this application on behalf of the Company.

Group secretary 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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