



GlobalSelect[®]
International Healthcare Cover
No and Low Claims Discount Application Form

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**ARE YOU ELIGIBLE FOR A
 15% NO OR LOW CLAIMS DISCOUNT AT RENEWAL?**

We are pleased to announce that we have introduced both a **No Claims and Low Claims Renewal Discount for GlobalSelect** with effect from 15th May 2010.

No Claims Discount* : If you have not claimed on your policy in the current policy year and remain claim free for the complete policy year up to your renewal date, then you will be eligible for a 15% discount off of your new GlobalSelect renewal premium. If you are not eligible for the No Claims Discount, you may still be eligible for the following Low Claims Discount.

Low Claims Discount**: GlobalSelect Renewal Insureds who are not eligible for a No Claims Discount but have paid claims totaling £140/\$250/€210 or less**, in the most recent 12 month period, will be eligible to receive this discount off their published renewal/base rates in effect at the time of renewal.

If you are eligible for and would like to apply for a No or Low Claims Discount, please complete, sign and return this No and Low Claims Discount Application form along with your renewal form.

Details Of Applicant/Policy Holder			* - Tick as appropriate
	Policy Number	Surname (Family Name)	First Name(s)
A. Applicant Title* <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Ms / <input type="checkbox"/> Dr			
B. Spouse/Partner Title* <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Ms / <input type="checkbox"/> Dr			
C. First Child (Below Age 19) Title* <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Ms / <input type="checkbox"/> Dr			
D. Second Child (Below Age 19) Title* <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Ms / <input type="checkbox"/> Dr			
E. Third Child (Below Age 19) Title* <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Miss / <input type="checkbox"/> Ms / <input type="checkbox"/> Dr			

No and Low Claims Discount Structure Terms:

Premiums are age related and will increase as you get older. Your premiums will also increase with medical inflation. While your plan remains claims-free*, or has claims totaling £140/\$250/€210 or less**, at each renewal one of the following discounts will be applied (Please tick the one Discount you are claiming):

15% No Claims Discount*
 (Multiply rates indicated on renewal form by x .85)

15% Low Claims Discount**
 (Multiply rates indicated on renewal form by x .85)

Terms and Conditions:

- I. If a Non-Wellness claim is made during a plan year, you will not be eligible for a No Claims Discount at renewal.
- II. If you have Non-Wellness claims and your total paid claims (including Wellness claims) are over £140/\$250/€210 you will not be eligible for a Low Claims Discount at renewal.
- III. If a claim relating to the previous plan year is subsequently submitted and accepted, and a discount has already been given, we reserve the right to reclaim the discount given to you.
- IV. The No Claims or Low Claims Discount only applies to your GlobalSelect medical plan and not to Optional Add-On Covers you may have selected (e.g. Global Personal Accident Plan and/or Global Daily Indemnity - Hospital Income Plan).
- V. IMG Europe reserves the right at next renewal to enhance, withdraw or amend the Discount structure at its sole discretion.
- VI. This No or Low Claims Discount offer is only valid for up to 10 days from the date of your renewal. You must submit this form with your renewal form on or before your renewal date or within 10 days thereafter.

* If the only claims you have submitted are paid under the Wellness Benefit, you qualify for the No Claims Discount.

** If you have claims IN ADDITION to Wellness Benefit claims, then this Low Claims threshold INCLUDES both Wellness and Non-Wellness claims.

I apply on my behalf and on behalf of all those listed above for a GlobalSelect No or Low Claims Discount of 15% off my GlobalSelect renewal premium. I and all persons claiming the discount have read, understood and agree to be bound by the No and Low Claims Discount Structure Terms. This Form attaches to and forms part of any GlobalSelect International Healthcare Cover issued.

Signed : _____
 (This form must be completed and signed by the Policyholder for and on behalf of all Applicants)

Dated : DD / MM / YY