



GlobalSelect® Group International Healthcare Cover

2-24 Employees

IMG Europe Limited
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Employer's Application

GlobalSelect Group is a product underwritten by Sirius International Insurance Corporation (publ) (the "Insurer"). Distributed, managed and administered as agent for and on behalf of the Company, by International Medical Group®, Inc. (IMG®) and IMG Europe Ltd.

The Employer must complete and return this form within 15 days prior to the effective date of coverage. This information will be treated as confidential by the Insurer, International Medical Group (IMG) and IMG Europe Ltd. No coverage will be effective for the Group or any Individuals within the Group until final approval is given for the complete Group by IMG or IMG Europe Ltd. The current coverage in force should not be cancelled prior to receiving written acceptance of coverage by IMG or IMG Europe Ltd.

Please complete this form and return it to IMG Europe Ltd with the:

**If applicable and CPME applied for*

- Individual enrolment forms (and copies of current policy schedules/certificates of insurance)* for each person to be covered.
- Please check all forms are fully completed and signed before submitting to IMG Europe, as failure to submit full information may delay the requested Effective Date of the Group.
- Cheque payable to "IMG Europe Ltd" as a deposit towards the first month's premium (1/12th of estimated annual premium).

Note: All Applications and any responses to requests for additional information from IMG Europe, must be received by IMG Europe within 30 days of signature of this form. Failure to do so may delay the requested Effective Date of the Group

Prospective Policy Holder (The Employer)			
Employer/Group/Participating Organisation Name:		Account Contact Person:	
Address:			
City:	County/Region/State:	Postal/Zip Code:	Country:
Telephone: +() -	Fax: +() -		E-mail:
Proposed Effective Date* : (On or within 30 days following Date of Signature)		Pay Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Currency: <input type="checkbox"/> £ <input type="checkbox"/> € <input type="checkbox"/> \$		Amount of Deposit with Application:	
Total Number of Employees Applying for cover:	Total Number of Employees:	Total Number of Eligible Employees:	

WAITING PERIOD FOR FUTURE EMPLOYEES JOINING IN RESPECT OF COVER FOR DECLARED AND ACCEPTED PRE-EXISTING MEDICAL CONDITIONS AND CHRONIC CONDITIONS (Unless agreed otherwise in writing by IMG Europe Ltd. or if Credit For Prior Coverage has been selected below and granted by IMG Europe Ltd):

First of the billing month following 24 months of full-time employment

Benefits Applied For	
On behalf of the Employer/Group named above as the prospective Policy Holder, the Employer hereby applies to Sirius International Insurance Corporation (publ). for the following GlobalSelect Group coverages and benefits:	
- if cover details for any members/sub groups will be different - please identify individual's area/level of cover and excess on census (Census Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Geographical Area Of Cover (Tick one)	<input type="checkbox"/> Area 1: Europe <input type="checkbox"/> Area 2: Worldwide excluding the USA and Canada <input type="checkbox"/> Area 3: Worldwide <input type="checkbox"/> Area 4: Tailor-made Area: <input type="checkbox"/> Mixed, refer to Census
GlobalSelect Sub-Plan	<input type="checkbox"/> HeadStart <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Executive <input type="checkbox"/> Tailor-made Coverage (See attached Schedule) <input type="checkbox"/> Mixed, refer to Census
Medical Excess Level	_____ Per Insured Person, Per Condition, Per Period of Insurance <input type="checkbox"/> Mixed, refer to Census
Underwriting (Refer to IMG Europe for definitions)	<input type="checkbox"/> New Group <input type="checkbox"/> Continuation of Personal Medical Exclusions (CPME) <input type="checkbox"/> Take Over Provision <input type="checkbox"/> Credit For Prior Coverage (towards standard wait periods) Name of Prior Carrier: _____ (6 month pre-existing look back, with credit for prior coverage and 12 month pre-existing wait period)
Underwriting Future New Group Joiners	<input type="checkbox"/> Subject to Medical Underwriting and full Wait Periods <input type="checkbox"/> Credit For Prior Coverage <input type="checkbox"/> Continuation of Personal Medical Exclusions (CPME)
Optional Additional Covers (Applicable to all Insureds)	Global Personal Accident Plan <input type="checkbox"/> Not Applied For <input type="checkbox"/> One Unit of Cover <input type="checkbox"/> Two Units of Cover (age s 19-64) Global Daily Indemnity Cover – Hospital Income Plan <input type="checkbox"/> Not Applied For <input type="checkbox"/> Yes

Declaration and Agreement:

Enclosed is payment of 1/12th of the estimated annual premium towards the first month's premium.

The Employer understands:

- i. no coverage shall be effective unless and until notified in writing by IMG Europe Ltd that the Employer's application and all Enrolment Forms for all prospective members have been accepted by IMG Europe Ltd. for and on behalf of the Insurer,
- ii. any such acceptance is at the sole discretion of IMG Europe Ltd. If the Employer's application is accepted, the enclosed deposit will be applied toward payment of the first monthly premium. If the Employer's application is not accepted, IMG's, IMG Europe Ltd's and the Insurer's sole obligation will be to return the deposit premium to the Employer,
- iii. In the event premiums are not paid by the due date that cover will be automatically cancelled,
- iv. as an employer employing persons in foreign jurisdictions, the Employer may be subject to foreign laws with respect to the provision of medical benefits and/or the insurance of those benefits, and agrees that neither the Insurer, nor IMG, nor IMG Europe

Ltd. have investigated whether or how the purchase of this insurance complies with the laws of any foreign jurisdiction. The Employer further understands and agrees that Employer is solely responsible for compliance with all applicable foreign laws.

I/We hereby declare for and on behalf of the Employer, to the best of my knowledge that the information provided and/or as attached, is complete, true and accurate and that nothing has been intentionally and/or negligently omitted. I/We understand and agree that this declaration will constitute part of the Employer's application and any misrepresentation, failure to provide sought for information or failure to disclose any material facts may result in the contract being void. (If you are in any doubt whether certain facts are material, these should be disclosed). I/We accept that any personal exclusions/limitations relating to an Insured Person's or potential Insured Person's existing cover may be maintained by IMG, IMG Europe and Insurers and this will be noted on an Endorsement to the Insured's Certificate of Insurance.

I/We further acknowledge and agree that this information may be used by International Medical Group (IMG), IMG Europe Ltd and the Insurer in determining the acceptability of the Employer's group's risk and that the information contained in this form may result in a change of rates quoted on the proposal. We understand that no coverage shall be provided unless specifically agreed to in writing by IMG or IMG Europe Ltd.

For Data Protection Act purposes I/We consent to IMG, IMG Europe and Insurers processing and holding sensitive data about the company and it's Employees/Dependents who apply to be included in the policy and for insurance administration purposes. The information may only be passed to selected third parties. I/We understand that all personal data supplied must be accurate and I/We have specific consent of those applicants to disclose their personal data. I declare that transfer by the Employer of personal data to IMG, IMG Europe Ltd., including information relating to employees insured under the Group Policy will not result in violating the Data Protection Act.

Signature of Authorised Employer Representative: _____ Date: _____
Printed Name: _____ Title/Position: _____

This form must be signed by the Group Administrator

Agent Name: _____ Agent Number: _____