Evolution Health Plan





Application form

Please complete this form and return it to your agent/insurance broker. It is important that you complete this form fully. Failure to do so may result in the form being returned to you for completion. All proposals are reviewed prior to acceptance and therefore no cover shall be granted until confirmation is provided.

1 Your person	al details				
Title Forenam	e(s)	Surname/Family Name			
Date of birth	Gender	Height	Weight		
Overseas address			Post/Zip code		
Phone	Mob	Email			
Home address			Post/Zip code		
Occupation		Nationality			
Home country (for which you ho	ave a passport)				
Country for which this cover is	required (where you will be spend	ding most of you time)?			
How long have you been reside	ent in your country of residence	(years/months)?			
2 Cover requir	red				
Date upon which annual cover to commence, or the date on which your proposal is accepted by insurers, whichever is the later					
	Area 1 - Resident outside of Asia - Worldwide excl USA, Singapore, Hong Kong & China	Area 2 - Resident outside of As - Worldwide excluding USA.	Area 3 - Resident in Asia Worldwide excl USA, Singapore, Hong Kong & China		
Choose your area of cover	Area 4 - Resident in Asia Worldwide excl USA.	Area 5 - Worldwide	Area 6 - SEA Bangladesh, Brunei, Myanmar, Cambodia, India, Indonesia, Laos, Malaysia, Pakistan, Phillipines, Sri Lanka, Taiwan and Vietnam		
	Area 7 - Africa (excluding Republic of South Africa)	Area 8 - Residents of Hong Kong, Thailand & Singapore - WW Exc USA	Area 9 - Residents of Hong Kong, Thailand & Singapore - Worldwide		
	Area 10 - Residents of Indonesia - WW exc USA, Singapore, Hong Kong & China.	Area 11 - Residents of Indonesia - worldwide excl USA.	Area 12 - Residents of Indonesia - worldwide.		
	Area 13 - Residents of Hong Kong - WW exc USA.	Area 14 - Residents of Hong Kong - worldwide.			
Choose your level of cover	Standard	Standard Plus	Comprehensive		
	Premium	Elite			



aims only. In effect this is a p	2500				00	1000
n addition you may select a c laims only. In effect this is a p or which you are responsible		5000	7500	100	00	
	percentage of each o			Nil co-insurance		co-insurance
N.B. This option is not appli	icable to the Standa	ard level of cover as t	there are no ou	t-patient benefits	on Standard.	
lease specify the currency in nd receive benefits	which you wish to p	ay premiums		GBP £	Euro €	US Dollar \$
Do you or any of the persons	to be included in thi	s proposal, have exist	ing health insura	ince?	Yes	No
f yes, which provider?						
Have you or any of the people insurance company or been a					Yes	No
Do you or any of the persons For the avoidance of doubt, the cycling, mountain biking, conta	nis would include amo act sports etc either as	ngst other things <u>but n</u> e	ot limited to climi		Yes	No
To avoid any delays and ensu with your application:		our sport or physical		ntly - Please ensure	that you inclu	de the following iter
Fo avoid any delays and ensu with your application:	ure that we can proce			ntly - Please ensure	that you inclu	de the following ite
To avoid any delays and ensu with your application: [] Copy of passport	modules			ntly - Please ensure	that you inclu	de the following ite
To avoid any delays and ensurable with your application: The state of	modules	ess your application sv		ntly - Please ensure	that you inclu	de the following ite



4

Dependants to be included - continued

Please provide us with the name and address of your regular personal or family doctor/physician. If you do not have a regular doctor, please give the last doctor you visited and approximate date. - If there is a different doctor for each applicant, please provide all details and indicate which physician applies to each applicant.

NB. This must be supplied for us to be able to process your application

5

Moratorium

This policy has a two year moratorium. This means that pre-existing conditions will not be covered during the first two years of the policy. After this a pre-existing condition may be covered if a period of two consecutive years has elapsed since any symptoms, treatment, medication, tests or advice was received for that condition.

You do not have to have identified the condition for it to be pre-existing. However, it is highly likely that major conditions manifesting themselves in the first 6 months of a policy must have pre-dated the start date and so will be deemed pre-existing. This policy does not cover pre-existing conditions.

6

Data Protection & General Data Protection Regulations

The data protection law in the UK will change on 25 May 2018. This paragraph sets out how we process your data and your rights under the new laws, although you should refer to the Morgan Price Privacy Notice at [www.morgan-price.com/privacy-policy] for further details.

Morgan Price International Healthcare Ltd together with its insurance partners are the joint controller and processor of your personal data (the insurance partner of your policy will be advised to you when you purchase the cover). We will collect your personal data including but not limited to special categories of Personal Data about you (this includes details about your sex, ethnicity, age, and information about your health and medical conditions). We respect your privacy and we are committed to protecting your personal data.

This notice aims to give you information on how we collect and process your personal data when using our insurance services, including any data you may provide when you purchase our insurance products or services. Personal data, or personal information, means any information about an individual from which that person can be identified. It does not include data where the identity has been removed (anonymous data). Where we need to collect personal data by law, or under the terms of an (insurance) contract we have with you and you fail to provide that data when requested, we may not be able to perform the contract we have or are trying to enter into with you or provide the insurance services to you (for example, to provide you with medical claims insurance services). In this case, we may have to cancel the insurance product or insurance service you have with us but we will notify you if this is the case at the time. We will only use your personal data when the law allows us to. Most commonly, we will use your personal data in the following circumstances:

- · Where we need to perform the insurance contract we are about to enter into or have entered into with you;
- · Where we need to assess any medical conditions, claims and health data to perform our obligations under the insurance contract;
- · Where it is necessary for our legitimate interests (or those of a third party) and your interests and fundamental rights do not override those interests;
- Where we need to comply with a legal or regulatory obligation.

We will only use your personal data for the purposes of providing insurance products and services unless otherwise indicated to you. We may have to share your personal data with our insurance partners, which may include reinsurers, insurance intermediaries, third party medical claims administrators and other related parties to satisfy our contractual and legal obligations under the insurance contract (policy terms).

Many of our external third parties are based outside the European Economic Area (EEA) so their processing of your personal data will involve a transfer of data outside the EEA. Whenever we transfer your personal data out of the EEA, we ensure a similar degree of protection is afforded to it by ensuring that we use specific contracts approved by the European Commission. We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.



6

Data Protection & General Data Protection Regulations — continued

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.

Under certain circumstances, you have rights under data protection laws in relation to your personal data. More details of these rights can be found within our Privacy Notice and at [www.morgan-price.com/privacy-policy]. These rights include: Request access to your personal data; Request correction of your personal data; Request erasure of your personal data; Object to processing of your personal data; Request restriction of processing your personal data; Request transfer of your personal data and Right to withdraw consent.

Declaration

- a. I/We have read the policy wording and I/We understand it to be part of the contract of insurance. In particular I/We have read, understand, and accept the definitions, benefits and exclusions of the policy.
- b. I/We have read, understand and accept sections 5 and 6 of this proposal.
- c. To the best of my/our knowledge and belief the information given in connection with this proposal, whether in my hand or not, is true and I/we have answered all questions about this policy honestly and fully. I/We also understand that I/we must tell the insurer straight away if anything that I/we have already told the insurer changes. I/We understand that non-disclosure or misrepresentation of any facts may entitle the insurer to void the insurance. This proposal and the information provided contains statements upon which the insurers will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance.
- d. I/We understand that the signing of this proposal does not bind me/us to complete, or insurers to accept this insurance.
- e. If I/We have elected to pay our premium by instalments using credit or debit cards and Morgan Price have agreed to this, I/we authorise Morgan Price to continue to deduct such instalments as and when they become due unless I/we cancel this credit/debit card authorisation by giving at least 14 days notice in writing. I/we understand that if I/we have made a claim, no refund will be due and I/we will have to pay any outstanding instalments due in the current period of cover.
- f. I/We confirm that I/we understand any claims submitted in the first six months of this policy that are not accident and emergency will be evaluated as pre-existing conditions and may not be covered under the benefits of this plan.

Signature of primary applicant	Date	
7 Payment method		
Please specify how you would like to pay	Annually by credit/debit card	Annually by bank transfer - details supplied on request
	Semi annual by credit/debit card	,
	Quarterly by credit/debit card	
	Monthly by credit/debit card	
Service fees - credit/debit card		
Annual payment	0%	
Semi annual payments	+4%	
Quarterly payments	+5%	
Monthly payments	+8%	
If paying by credit/debit card please complet	te attached payment form	
Service fees - bank transfer		

Annual bank transfer

\$30

The bank transfer fee does not need to be included as long as the payee selects to pay all charges.