

Employer 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 Company details

Company name		Nature of business	
Company address			Post/Zip code
Phone	Fax	Email	

2 Contact details

Please provide the name and contact details of the person responsible for running your company's group medical scheme.

Title	Forename(s)	Surname
Job title		
Phone	Fax	Email

To avoid any delays and ensure that we can process your application swiftly and efficiently - Please ensure that you include the following items with your application:

- Copy of passport
- Copy of recent utility bill (or a document that provides proof of address)

3 Cover required

Date on which you wish cover to commence				
Choose your area of cover	Europe	Worldwide excluding USA, China, Singapore & Hong Kong	Worldwide excluding USA	Worldwide
Choose your level of cover	Standard Premium	Standard Plus Elite	Comprehensive	
Please select the annual excess you wish to apply to your policy	Nil 2500	100 5000	250 7500	500 10000 1000

In addition you may select a co-insurance applicable to out-patient claims only. In effect this is a percentage of each out-patient claim for which you are responsible.

10% co-insurance
20% co-insurance

N.B. This option is not applicable to the Standard level of cover as there are no out-patient benefits on Standard.

Please specify the currency in which you wish to pay premiums and receive benefits	US Dollar \$	Sterling £	Euro €
--	--------------	------------	--------

Do you or any of the persons to be included in this insurance take part in **any sport** or physical pastime ? *(For the avoidance of doubt, this would include amongst other things but not limited to climbing, horse riding, cycling, mountain biking, contact sports etc either as an amateur or professional).*

Yes

No

If you are in any doubt then you should disclose your sport or physical pastime.

4 Additional modules

Home country evacuation module
(120 adult/75 child)

5 Definition of staff to be insured

Who will be insured?

Employees only

Employees and their eligible dependants

6 Declaration

I declare that I am authorised by the Company to enter into this Contract of Insurance. I further declare that after full and reasonable enquiry and to the best of my knowledge and belief that the statements made by me on this application form together with any supplementary information forming part of this application are full, true and correct. I understand that any changes to the information I have provided which take place between the time this form is completed and the time coverage becomes effective, must be notified in writing to the Insurer prior to the effective date of this coverage and failure to do so may result in the rejection of a claim or cancellation of the policy.

Please ensure that prior to entering into this Contract of Insurance you have been provided with, and have read, the terms and conditions that will apply to you as the policyholder and any eligible insured person enrolled on this policy. If you do not understand any aspect of the terms and conditions you should contact Morgan Price International Healthcare Ltd at the address given below before signing this application.

Signature of Group Company Secretary

Date

7 Data Protection & General Data Protection Regulations

The data protection law in the UK changed 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.

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.