

Full Medical Underwriting (FMU) For Groups of 3-9 employees

Please complete this form in **BLOCK CAPITALS** and use tick boxes where required.

It is important that you complete this form fully. Failure to do so may result in the form being returned to you for completion. We must be made aware of all material facts prior to accepting or renewing your plan. A material fact is information likely to influence the underwriting terms of this agreement. If you do not tell us all material facts or if you misrepresent any facts this may invalidate your policy. Please note that as your Group Scheme will be subject to Full Medical Underwriting (FMU) we will require every employee who is to be covered to fully complete an employee application form and declare full details of their medical history, including that of any eligible dependants.

1 Company Details

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

1.1 Plan Administrator Details

Full Name	
Job Title	
Contact Telephone	Email Address

2 Your Chosen Cover Options

Date on which you wish cover to commence (DD/MM/YY)

Quotation Number Accepted MP-

Choose your area of cover

- Europe
- Worldwide excluding USA, China, Singapore and Hong Kong
- Worldwide excluding USA
- Worldwide
- Africa (excluding South Africa) and the Indian Subcontinent

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)

2 Your Chosen Cover Options - continued

Choose any additional modules you want to add to the core cover

Enhanced Modules	Selected Modules
Physiotherapy Level 1	Enhanced Routine Maternity Level 1
Physiotherapy Level 2	Enhanced Routine Maternity Level 2
Physiotherapy Level 3	Reduce Routine Maternity
Enhanced Routine Chronic	Additional Alternative Therapies
	Hong Kong Reduced Hospital Network <small>(For residents of Hong Kong only)</small>
	Out-Patient Module 1
	Out-Patient Module 2
	Reduced Out-Patient Benefits
	Wellness and Dental
	Optical Level 1
	Optical Level 2
	Psychiatric Cover

Please select the annual excess that you wish to apply to your group policy

- \$100
- \$250
- \$500
- \$1000
- \$2000
- \$5000
- Nil

10% co-insurance on all out-patient claims

20% co-insurance on all out-patient claims

Please specify the currency in which you wish to pay premiums and receive benefits

- USD
- GBP
- EUR

Do you or any of the persons to be included in this insurance take part in any sport or physical pastime? Yes No
(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).
 If you are in any doubt then you should disclose your sport or physical pastime.

3 Eligibility of Cover

All members covered on a group policy must be included on a mandatory basis on the basis of this application you must confirm on the below points in order for you application to be processed.

- Employees only
- Employees and their eligible dependants

4 Payment Options

Will premium payment be made from a source other than the plan sponsor? Yes No

If YES Please explain the source and reasons

How will you be paying your premium? (Your final invoice will reflect this) Bank Transfer* Cheque Credit Card*

* Charges may apply. Bank Transfer options are only available for annual payments.

Premium Payment Frequency (Your final invoice will reflect this) Monthly Quarterly Semi-Annual Annual

* Premium loadings may apply for non annual payments

5 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 become 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 or your broker prior to signing this application.

Authorised Signature Date

Name of Signatory

For and on Behalf of (Company Name)

Position

6 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 fulfill 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;
- Right to withdraw consent.