

## 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 for the Director or Owner of the Company with your application:

- Copy of the Company incorporation certificate
- Copy of passport of one director

## 2 Your Chosen Cover Options - continued

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

#### Enhanced Modules

- Physiotherapy Level 1
- Physiotherapy Level 2
- Physiotherapy Level 3
- Enhanced Routine Chronic
- Enhanced Routine Maternity Level 1
- Enhanced Routine Maternity Level 2
- Reduce Routine Maternity
- Additional Alternative Therapies

#### Selected Modules

- 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

## 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 Employer? Yes No

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If YES Please explain the source and reasons

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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.

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

\* Premium loadings may apply for non annual payments

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## 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

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Name of Signatory

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For and on Behalf of (Company Name)

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Position

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## 6 Data Protection & General Data Protection Regulations

### Data Protection

The Insurer, Endurance Worldwide Insurance Limited ("We/Us/Our") is the Data Controller of the data collected about you. As such, We are responsible for the way in which this data is processed and will use personal information and, to the extent applicable, special category data given by you, together with other information for, amongst other things, the administration of this Policy, the handling of claims, the provision of customer services, credit checks and to prevent and detect fraud, as described more fully below in the Somp International General Privacy Policy. We are a member of the Somp International 1 group; as such, the information you provide may also be disclosed to Our affiliates or parent, service providers and agents for these purposes. It may also be disclosed to the insured's insurance advisor, where appointed.

We may need to collect and process information relating to individuals who may benefit from this Policy, which may include both personal data and special category data (such as medical history).

You must ensure that you have explicit verbal or written consent from these individuals to such information being processed by Us.

In collecting or processing personal data, including special category data, about the insured or related third parties under this Policy, We shall comply with applicable data protection legislation. We are committed to protecting your personal information and respecting the data protection and privacy rights you have under applicable law and regulations.

When you submit any information to Us for the purpose of requesting information from Us about, or obtaining, Our products or services, We will use the information you provide, including any personal information, in its insurance business to conduct its business and perform its legal obligations, including:

- i. verifying your identity;
- ii. preventing, investigating or reporting fraud or potential fraud, money laundering, terrorism, misrepresentation, security incidents, sanctions violations or any crime, all in accordance with applicable law and regulations;
- iii. assessing, establishing and managing claims and arranging or entering into any appropriate settlements;
- iv. managing, reporting and auditing Our business operations;
- v. recovering debt;
- vi. developing, improving and protecting Our products, services, website, systems and relationships with you;
- vii. carrying out research, risk management and statistical analyses;
- viii. establishing, exercising or defending legal claims; and
- ix. meeting regulatory and compliance requirements.

We will ensure that your personal data is processed in a manner consistent with the purposes set out above. We will retain your personal data for as long as it is necessary for the purposes mentioned above or as long as required by law.

To the extent applicable, We may also use your contact details (including email address(es)) to send you information about related products and services or other products and services provided by Us or one of Our group companies.

We may share your information for the purposes outlined above with:

- i. Our group companies;
- ii. brokers, other insurers and underwriters;
- iii. healthcare professionals;
- iv. law enforcement authorities;
- v. other government authorities;
- vi. fraud prevention agencies; and
- vii. third parties involved in any aspect of claims management including surveyors, loss adjusters, claims agents, solicitors and private investigators;
- viii. parties that may have a financial interest in the insurance policy or claim;
- ix. other service providers that may process your personal information on Our behalf (for example, IT service providers that host or support Our business and may have data that includes your personal information); and
- x. others with your consent or in accordance with applicable law and regulations.

If you have provided information about another person, in doing so you confirm that you have such person's consent to provide the personal information to Us, that you have told such person that you have provided the information to Us and how We will use the personal information as described in this notice.

To the extent you have provided your consent, and your consent provides the basis for Our use of the information, you may withdraw your consent at any time by contacting Us as described below.

More details about how We use your personal information may be found in the Somp International General Privacy Policy, available on Our website at: <https://www.sompo-intl.com/privacy-policies/>.

The website also provides additional information about your data protection rights, how you may access and update your personal information and other choices you have about how We use your personal information (including how to object to processing or withdrawing your consent at any time). If you have any questions regarding this notice, please contact Us at:

Attn: Chief Compliance Officer Somp International  
 1221 Avenue of the Americas  
 New York City, NY 10020  
 Email: [Privacy@sompo-intl.com](mailto:Privacy@sompo-intl.com)