



CREWSELECT INTERNATIONALSM

Group Employer's Application

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Underwritten by Sirius International Insurance Corporation (publ) (the "Insurer"). It is distributed, managed and administered, as agent for and on behalf of the Insurer, by International Medical Group®, Inc. ("IMG®"). Coordinated, as agent for and on behalf of the Insurer for the purposes of receiving premiums, receiving and holding claims money; and receiving and holding premium refunds, by IMG Europe Ltd.

Prospective Policy Holder (Employer)			
Group / Vessel Name / Participating Organisation:			
Address:			
City:	County / Region / State:	Postal / Zip Code:	Country:
Account Contact:			
Telephone:		Fax:	
Email:			
Plan / Premium Currency: <input type="checkbox"/> £ <input type="checkbox"/> \$ <input type="checkbox"/> €		Premium Payment Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Proposed Effective Date (Day/Month/Year):		Amount of Deposit with Application:	
Eligible Employees			
Total Number of Employees:		Total Number of Eligible Employees:	
Total Number of Employees Applying for Coverage:			
Benefits			
On behalf of the Employer / Group named above as the Prospective Policy Holder, the Employer hereby applies to the Sirius International Insurance Corporation (publ.) for the following CrewSelect International Group coverage and benefits:			
Geographical Area: <input type="checkbox"/> Worldwide excluding the U.S.A., Canada, China, Hong Kong, Macau, Japan, Singapore and Taiwan <small>(Check One)</small> <input type="checkbox"/> Worldwide <input type="checkbox"/> Europe			
CrewSelect International Group Plan: <input type="checkbox"/> Standard <input type="checkbox"/> Elite			
Medical Excess (Deductible) Level: Per Insured Person, Per Condition, Per Period of Insurance _____			
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 (ages 19-64)
Global Daily Indemnity - Hospital Income Plan:	<input type="checkbox"/> Not applied for	<input type="checkbox"/> Yes	





Group Claims Disclosure List						
Name	EE/DEP	Date of Birth	Diagnosis of nature of disability, include current prognosis, treatment dates, drugs and dosages	Date Diagnosed/ Disabled	Expected Return to Work	Claims Paid Last 12 Months
<input type="checkbox"/> Additional Group Claims Disclosure Statement & Continuation Form(s) Attached			<input type="checkbox"/> No Known Claims			

Declaration and Agreement

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

The Employer understands and agrees that:

1. 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 2. 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 to 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 3. in the event premiums are paid by the due date that cover will be automatically cancelled 4. 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 insurance of those benefits, and agrees that neither the Insurer, nor IMG, nor IMG Europe Ltd. have investigated whether or how 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 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 misrepresentations, failure to provide sought for information or failure to disclose 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 Ltd. 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 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 in writing by IMG or IMG Europe Ltd.

This is only a summary of IMG's privacy policy and your rights under GDPR. For a complete explanation of how we gather and use your personal information and your corresponding rights, please review our complete Privacy Policy, which is available at imglobal.com/legal/privacy-policy.

By providing your consent below, we will process the personal information we collect from you or that we receive from third parties about you as necessary to process and administer your claims, send you future marketing materials about products or services in which you may have interest, and for all other purposes set forth in our Privacy Policy. You may withdraw your consent at any time. IMG collects many kinds of information in order to operate effectively and provide you the best products, services and experiences we can. Regardless of the source, we believe it is important to treat that information with care and to help you maintain your privacy. We may share your information with third parties who provide services on our behalf to help with our business activities. These companies are authorized to use your personal information only as necessary to provide these services to us. When we share information with these other companies to provide services for us, they are not allowed to use it for any other purpose and must keep it confidential.

These services may include:

- Adjudicating and managing the claims process
- Payment processing to healthcare providers
- Providing customer service
- Sending marketing communications

In certain situations, IMG may be required to disclose personal data in response to lawful requests by public authorities, including to meet national security or law enforcement requirements.

I am an authorized representative of the group members who wish to purchase insurance, and those group members agree to the processing of personal information, including for customer service and marketing communications, in accordance with your Privacy Policy (available at imglobal.com/legal/privacy-policy).

Signature of Authorised Employer Representative:	Date (Day/Month/Year):
Applicant Name:	Title/Position:
Broker/Intermediary Details (Optional)	
Intermediary/Broker:	IMG Europe Intermediary #:
Contact Name:	Phone: + ()

