GlobeHopper® Short-Term International Private Medical Insurance

Group Application

Please print legibly and complete ALL SECTIONS (front and back) of this application.

1 SPONSORING ORGANISATION ADDRESS & CONTACT INFORMATION

Policyholder Name:		
Mailing Address:	City:	County/Region:
Country:	Postal Code:	
Physical Address of Sponsoring Organization:	City:	County/Region:
Country:	Postal Code:	
I prefer to receive the insurance documents: ❑ Mail ❑ Electronic	Email:	Phone Number:
Requested Effective Date: ___/___/___ *(DD/MM/YYYY)*	**Requested Expiry Date:** ___/___/___ *(DD/MM/YYYY)*	

2 AREA OF COVERAGE AND PLAN *(Tick one)*

Geographical Area of Cover:

AREA 1	AREA 2	AREA 3
❑ Europe	❑ Worldwide excluding the USA	❑ Worldwide

Select a Plan

❑ GlobeHopper®	❑ GlobeHopper® Platinum

3 SELECT THE MAXIMUM LIMIT, MEDICAL EXCESS AND CURRENCY

Currency Options:	Maximum Limit Options:		Custom Options *(as per your quotation)*
	GlobeHopper®	GlobeHopper® Platinum	
❑ £ ❑ € ❑ $	❑ £100,000 / €100,000 / $100,000 ❑ £250,000 / €250,000 / $250,000 ❑ £500,000 / €500,000 / $500,000 ❑ £1,000,000 / €1,000,000 / $1,000,000 *£100,000/€100,000/$100,000 Maximum Limit option only available for Area 1 and 2*	❑ £2,000,000 / €2,000,000 / $2,000,000 ❑ £3,000,000 / €3,000,000 / $3,000,000 ❑ £5,000,000 / €5,000,000 / $5,000,000	Maximum Limit: _____ Medical Excess: _____

ADDITIONAL BENEFIT

Adventure Sports Endorsement: ❑ Yes ❑ No	**Personal Liability Endorsement:** ❑ Yes ❑ No

4 PAYMENT METHOD

Credit Card Type: ❑ Visa ❑ MasterCard ❑ American Express ❑ Wire Transfer

By supplying the account information, the Sponsoring Organisation wishes to pay the premium by credit card or the designated account. If the application is accepted, the credit card or designated account will be billed for the premium. By signing and submitting this form, Sponsoring Organisation represents and warrants that it has the card or account holder's authorisation to use the account and, if not, will take full responsibility for the payment and any charges accruing to it.

Card Number:	Expiry Date: ___/___ *(MM/YY)*	Cardholder Name:
Signature: *(Required)*	Cardholder Daytime Phone:	Email:
Cardholder Billing Address:		

Send by one of the following secure methods:

Secure Message Center: www.imglobal.com/secure-message-center
Mail: International Medical Group®
Kingsgate, High Street, Redhill, Surrey RH1 1SH, UK
Fax: +44.1737.860.600

For other inquiries, contact IMG at:
Phone: +44.1737.306.710
Email: info@imgeurope.co.uk

GLOBAL peace of mind®

5 AUTHORISATION & AGREEMENT

AGREEMENT

I (we) understand and hereby agree that:

(i) I (we) am (are) applying for insurance under GlobeHopper Short-Term International Private Medical Insurance.

(ii) This Application will form a part of any insurance issued.

(iii) I (we) have read all statements, questions and responses contained in this Application or they have been read to me (us) and I (we) understand them. Any insurance provided will be based on the information that I (we) have provided in this Quotation and Application and the insurance is issued on the basis that all the answers given are complete and accurate.

(iv) I have received a proposal, sample policy wording and have read the full definitions, benefits, exclusions and conditions including the exclusion relating to Pre-Existing Conditions. If I (we) have not yet received a copy of the sample policy or if I (we) have additional questions, please contact: sales@imgeurope.co.uk

(v) My (our) responses to the statements and questions contained in the Quotation and Application are true, accurate, complete and correctly recorded in all respects, and I (we) will supplement such responses prior to the requested Effective Date in the event of any change or addition thereto.

(vi) The agent/broker assigned to or assisting with this Application is the representative/agent of me (us) and is not an agent/broker of the Insurer, IMG.

(vii) No cover will be effective unless and until this Application has been duly accepted in writing by the Insurer. The Insurer is entitled to refuse to accept an Application without giving any reason, or to apply additional terms and conditions to take into account any information provided by me (us) in my (our) Application.

(viii) The subject matter, risks, and benefits of insurance being offered are not intended or considered by the Sponsoring Organisation or Company to be resident, located, or performed in any particular country, jurisdiction, state, or political subdivision.

(ix) Premiums will be applied from the Effective Date forward and there will be no cover for any claim that begins prior to the Effective Date.

(x) Any misrepresentation, misstatement or omission contained in this Application may allow the Insurer to declare the Plan void and to treat the Plan as though it never existed; or to cancel the Plan; or to refuse to pay a claim; or not to pay any claim in full; or to revise premium and/or charge additional excess; or to affect the extent of cover under the Plan. Further, any false or fraudulent or dishonest representation, statement, misrepresentation, misstatement, omission or concealment, or any fraud, whether or not innocently made, in this Application, may render the Plan null and void from the Effective Date and all claims and benefits under the Plan may be forfeited by me (us) and recoverable by the Insurer, and the Insurer may have no liability for any benefits or claims under the Plan.

(xi) The Insurer, IMG, their employees, representatives, agents and any other persons or organisations performing services for them or on their behalf, may use, disclose or transfer to any organisation any information about me (us) obtained or collected in connection with this Application, (whether contained in this Application or otherwise) for the purpose of: (1) assessing this Application and providing on-going insurance and customer service; (2) processing and giving effect to credit/debit card payments; (3) providing marketing material in respect of insurance related services of IMG or its associated companies; (4) processing claims or analysing the insurance; (5) the identification and prevention of fraud and crime.

AUTHORISATION

For purposes of determining my (our) insurability, I (we) authorise any health care professional, medical facility, mental health facility, laboratory, paramedical facility, medical examiner, pharmacy, medical records service, prescription history clearinghouse, other insurer, government agency, employer, social worker or family member to provide information about me (us), including my (our) entire medical record, to SiriusPoint International Insurance Corporation, International Medical Group, Inc. and International Medical Group, their employees, representatives, agents and any other persons or organizations performing insurance services for them or on their behalf. By my (our) signature below, I (we) acknowledge that any prior agreement I (we) have made to restrict or limit the disclosure of information about my (our) health does not apply to this authorisation.

This authorisation is valid from the date of my (our) signature shown below. A copy, image or facsimile of this authorisation is as valid as the original.

FAIR PROCESSING

This Privacy Notice describes how IMG (for the purpose of this notice "we", "us" or the "Insurer") collect and use the personal information of insureds, claimants and other parties (for the purpose of this notice "you") when we are providing our insurance and reinsurance services.

The information provided to the Insurer, together with medical and any other information obtained from you or from other parties about you in connection with this policy, will be used by the Insurer for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. We may be required by law to collect certain personal information about you, or as a consequence of any contractual relationship we have with you. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal information. Because we operate as part of a global business, we may transfer your personal information outside the European Economic Area for these purposes.

You have certain rights regarding your personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of your personal information in a usable electronic format and to transmit it to a third party (right to portability).

We are committed to working with you to obtain a fair resolution of any complaint or concern about privacy. If, however, you believe that we have not been able to assist with your complaint or concern, you have the right to make a complaint to the UK Information Commissioner's Office.

For more information about how we process your personal information, please see our full privacy notice at: www.imgeurope.co.uk/legal-information/privacy-policy.aspx

GENERAL DATA PROTECTION REGULATION (GDPR)

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 www.imgeurope.co.uk/legal-information/privacy-policy.aspx

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. When you provide data processing consent, we will process your personal information in order to provide the services you have purchased, including to administer claims, and to receive member communications, in accordance with our Privacy Policy. If you provide marketing consent, we will send you relevant information and future marketing materials regarding 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.

By providing marketing consent, we may gather information about you from third parties to help us identify insurance products and services in which you may have interest, and share information with third parties, such as web analytics tools, in order to send you relevant information and future marketing materials, and for all other purposes set forth in our Privacy Policy. You may withdraw your consent at any time.

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

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.

E-CONSENT

Applicants can choose to receive information electronically or via regular mail. If Applicants choose email, the Applicants agree IMG, its affiliates, and subsidiaries may provide the recipient with any communications in electronic format, and paper communications are not required, unless and until the Applicant withdraws this consent. The Applicants unambiguously give consent to the transfer of personal data to entities established in a country outside the EU Member States. This consent is freely given, specific for the administration of coverage and benefits, and an informed indication of the Applicants' wishes. The Applicants acknowledge and understand the transfer is necessary for the performance of a contract, taken in response to their request, and necessary for the conclusion or performance of a contract concluded in their interest. The Applicants also agree it is their responsibility to provide IMG with true, accurate and complete e-mail address, contact, and other information related to the coverage, and to maintain and promptly update any changes in this information.

TRUE/ACCURATE INFORMATION

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I (we) must take reasonable care to provide true, accurate, complete and correctly recorded answers to all the questions asked in this Application.

If applying for coverage as a habitual resident outside of the EEA and UK or at any time move to a location outside the EEA or UK, Applicant(s) hereby apply and subscribe for and on behalf of each individual enrolled, to become members and beneficiaries of the Conyers Trust Company (Bermuda) Limited, Richmond House, 12 Par-la-Ville Road Hamilton HM 08, Bermuda, or its successors, for the insurance coverage requested above and as underwritten and offered by SiriusPoint International Insurance Corporation on the date of its receipt hereof, and as administered by the Company's authorized representative and Policy Manager, International Medical Group, Inc (IMG).

❑ I am an authorised representative of the group members and the group members agree to the processing of their personal information to provide the services they have purchased, including to administer claims, and to receive member communications, in accordance with IMG's privacy policy.

❑ I am an authorised representative of the group members and the group members agree to receive relevant information and other communications from IMG about insurance coverages and service options. The group members understand that they can withdraw consent at any time.

Authorised Signature: X _____	**Date:** ___/___/___ *(DD/MM/YYYY)*

IMG PRODUCER USE ONLY		
Producer Number:	Name:	
Email:	Phone Number:	
Address:	City:	Postal Code: