



**GlobalSelect® Group**  
**International Healthcare Cover**  
**Refusal of Coverage Form 2-10 Employees**

GlobalSelect Group is a product underwritten by Sirius International Insurance Corporation (the "Insurer"). Distributed, managed and administered as agent for and on behalf of the Company, by International Medical Group®, Inc. (IMG®).

● **Employees who are refusing cover must complete this form**

Employer/Group/Participating Organisation Name:	Group I.D. Number:
<p>I refuse coverage for:    <input type="checkbox"/> Myself    <input type="checkbox"/> Spouse    <input type="checkbox"/> Children</p> <p>Reason: _____</p> <p>I/We have been given the opportunity to participate in the group health insurance plan offered through my employer and I have refused to participate in the coverage as indicated above.</p> <p>I/We understand that if coverage is desired at a later date, I/We may be required to furnish, at my/our own expense, satisfactory evidence of insurability before coverage becomes effective and that my/our future acceptance may be subject to additional underwriting and acceptance is not guaranteed.</p> <p><b>(SIGN HERE ONLY IF REFUSING COVERAGE)</b></p> <p>Signature: _____ Date: _____</p> <p>Printed Name: _____ Group Name: _____</p>	

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