

Underwritten by Sirius International Insurance Corporation (the "Insurer"). 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.

In order to apply for Takeover provisions to transfer from your existing medical insurance policy to a GlobalFusion plan, you must:

1. Complete a GlobalFusion Application Form *(Note: not available for the Platinum plan option)*
2. Complete this Takeover Application Form *(Note: there must be no break in coverage between your existing provider to GlobalFusion)*
3. Submit 1 and 2 along with a copy of your current policy schedule and renewal notice, and return these to IMG Europe for consideration

A. Applicant	SECTION 1. Details About You <small>Please complete for all family members applying for cover. <input type="checkbox"/> Tick if you have any further dependents and please provide details on a separate sheet.</small>			
	First Name(s): Title: Mr. / Mrs. / Miss / Ms / Dr		Surname: (Family Name)	
	Date of Birth: DD/MM/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height: <input type="checkbox"/> cm <input type="checkbox"/> in	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb
	Occupation:			
	Nationality on Passport:		Passport Number:	

B. Spouse	SECTION 1.2 Details About Members of Your Family Applying for Cover			
	First Name(s): Title: Mr. / Mrs. / Miss / Ms / Dr		Surname: (Family Name)	
	Date of Birth: DD/MM/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height: <input type="checkbox"/> cm <input type="checkbox"/> in	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb
	Occupation:			
	Nationality on Passport:		Passport Number:	

C. First Child (Below Age 19)	First Name(s):		Surname(Family Name):	
	Date of Birth: DD/MM/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height: <input type="checkbox"/> cm <input type="checkbox"/> in	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb
	Nationality on Passport:		Passport Number:	

D. Second Child (Below Age 19)	First Name(s):		Surname(Family Name):	
	Date of Birth: DD/MM/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height: <input type="checkbox"/> cm <input type="checkbox"/> in	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb
	Nationality on Passport:		Passport Number:	

SECTION 2. Your existing plan *(Please attach current policy schedule and your renewal notice)*

Current Insurance Plan Name:		Level of Cover/Sub Plan:	
Area of Cover:	Original Effective Date:	Deductible/Excess:	Payment Frequency:

Do you or any person applying for cover under GlobalFusion have any medical conditions that are specifically listed and excluded from cover under your existing plan? YES NO
If Yes, please complete the below.

Family Member <small>(use letters from Section 1)</small>	Condition(s)/ Exclusion(s) applied to existing plan

Takeover with credit toward all waiting periods, including Pre-existing Coverage

Where the same or substantially similar sections of coverage exist under your previous medical insurance plan and the GlobalFusion plan, the period you were insured with your previous plan will be credited toward the waiting periods under the corresponding sections of your GlobalFusion plan *(not including credit for Maternity coverage)*.

Credit will also be given for the period of time you were insured with your previous plan toward the 24 month wait period in respect of coverage for declared and accepted Pre-existing Medical Conditions *(up to the sub-limits)*.

AUTHORISATION

I apply on my behalf and on behalf of all those listed above for Takeover terms to be considered by IMG Europe. This Takeover Application Form attaches to and forms part of any GlobalFusion covers issued. I also enclose current policy schedule and renewal notice. Cover is not effective until this Application Form has been accepted and approved in writing. Acceptance is not guaranteed.

Signed: _____ Date (DD/MM/YY): _____
(This form must be completed and signed by the Policyholder for and on behalf of all Applicants)