

GROUP SPONSOR – PROPOSAL FORM

Important Notes

1. This form should be completed and signed by the Group Secretary (the person nominated by the Group Sponsor).
2. Before completing this form, please read the declaration in full.
3. Please use BLOCK CAPITALS throughout.

1. Details of Company (Group Sponsor)

Name of company:

Name of person nominated to act as Group Secretary:

Position in company:

Address:

Postcode:

Telephone no:

Fax no:

Email address:

Nature of business:

2. Method and Frequency of Payment

Annually

- Bank Transfer
- Cheque
- Credit card

Semi Annually

- Credit card
- Cheque

Quarterly

- Credit card

Monthly

- Credit card

3. Level of Cover Required

Choose your area of cover and tick the relevant box:

- Area 1 Europe
- Area 2 Worldwide Excl. USA & Canada
- Area 3 Worldwide
- Level 1
- Level 2
- Level 3

If you would like to increase the standard excess please enter here (£/\$/€)

If you wish to delete the excess altogether tick this box

Details of the excess options available are shown on the benefits table.

Please tick the currency in which you wish to pay premiums and receive benefits:

- Sterling £
- Euro €
- US Dollar \$

4. Policy Commencement Date

DD/MM/YYYY

5. Details of Broker (if applicable)

Name of brokerage:

Morgan Price Agency No

Contact name:

Address:

Postcode:

Telephone no:

Email address:

6. Data Protection Act 1998

Morgan Price International Healthcare Ltd is registered under the Data Protection Act 1998. We will collect information in the course of your dealings with us regarding your personal details (including but not limited to your sex, age, ethnic origin and state of health). Any information we do collect will only be used for the purpose of conducting our relationship with you and will be used for the purposes of underwriting your insurance cover, managing the policy we issue for you, and administering any claims you may make. We may need to transfer some or all of this information to our insurance underwriters, their claims handlers, medical assistance companies or other medical practitioners. You have the right to access any details that we hold about you and to amend or delete anything you may believe is inaccurate or out of date. By signing this declaration you are consenting to us using the information we hold about you in the ways described above. Without this consent we are unable to offer you any insurance cover.

7. Medical information

If you are transferring your group from another insurer and are providing Morgan Price International Healthcare with the previous insurer's registration certificates, these will be used to identify specific medical exclusions that will apply to an individual employee and/or any dependants to be included within the membership. Where standard application forms are completed and full medical history information is provided by individuals, we will use the information to decide whether any special medical exclusions should be applied to their cover. Medical information will also be used when we assess claims. Medical information will be kept confidential and only disclosed to those involved in providing the patient's treatment or care, including their General Practitioner or Dentist, or their agents. Only in exceptional circumstances will we disclose medical information to other third parties (including the Group Sponsor) or family members, without the patient's explicit consent.

8. Moratorium

Where applicable, this policy has a two year moratorium. This means that pre-existing conditions will not be covered for the first two years of the policy. After this a pre-existing condition may be covered if a period of two consecutive years has elapsed since symptoms, treatment, medication, tests or advice was received for that condition. If this clause applies to your company paid scheme, it will be indicated on the quotation provided by us.

9. Personal information and changes

To help us ensure that personal information remains accurate and up to date please inform us of any changes to either the name or contact details of the nominated Group Secretary. Please also ensure that we are informed of any changes to the personal information that we are provided with regarding members of your company group scheme including names, addresses, telephone numbers, or the dependants that should be included within an employee's cover. Individuals can ask for a copy of the information that we hold about them. In return we may charge a small administration fee to provide a copy of the information. Individuals who have a query or complaint relating to data protection or require a copy of the personal information we hold about them should contact: The Data Protection Co-ordinator, Morgan Price International Healthcare, 11a Forge Business Centre, Upper Rose Lane, Palgrave, Diss, Norfolk, IP22 1AP, United Kingdom, +44(0) 1379 646730.

10. Declaration

- a) I am authorised by the Group Sponsor named above to enter into a contract for group membership of Morgan Price International Healthcare Plans on company paid terms.
- b) I have received a copy of the Policy Wording Document and have read and agree to be bound by Policy Terms and Conditions.
- c) On behalf of the Group Sponsor, I agree that the Policy Wording Document, together with relevant application forms that have been accepted by the Company and this declaration, shall be the basis of the contract between the Group Sponsor and the Company.
- d) I confirm that:
 - i) the Group Sponsor agrees to be bound by the Policy Terms and Conditions;
 - ii) only eligible members and Dependants, as defined in the Rules, will be included in the group scheme;
 - iii) the Group Sponsor will pay all contributions due and no reimbursement, either in full or in part, will be sought from any member (except in respect of enrolled Dependants);
 - iv) the Group Sponsor will distribute to each relevant Member all documentation received;
 - v) the data protection notice contained in section 6 above has been brought to the attention of all individuals to be included in the company group scheme;
 - vi) Where applicable, the moratorium wording contained in section 8 above, has been brought to the attention of all individuals to be included in the company group scheme;
 - vii) where medical information is provided within supporting documentation, the patient concerned has given their explicit consent to the Group Sponsor for Morgan Price International Healthcare to process their personal information in accordance with the Data Protection Act 1998 (or where the patient is aged under 18 years, explicit consent has been obtained from the patient's parent or guardian).

Signature of Group Secretary

Name

Date

11. Premium Payment

Payment method (please tick one as appropriate)

- Credit Card (please complete instruction below)
- Cheque (please attach a cheque for the full annual premium to this application form)
- Bank Transfer (please contact us for bank details)

Credit Card authorisation form

Please only complete this if you are paying by credit/debit card

Name on card

Credit card number

Start Date

Expiry Date

CVC Code

Issue No (Maestro only)

Signature

Date

The form, with the relevant payment/information should be returned to:

Group Administration Department, Morgan Price International Healthcare Limited, 11a Forge Business Centre, Palgrave, Diss, Norfolk, IP22 1AP, United Kingdom.