Corporate healthcare application

Underwritten by SiriusPoint International Insurance Corporation

ALC GLOBAL HEALTH INSURANCE
AN IMG COMPANY

Filling out this form

- Use this form to apply for our Prima healthcare plans.
- You must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and premium. Please contact us if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies. Remember to sign the Declaration on page 4.
- Please write clearly using capital letters.
- If you have any questions, call us on +44 (0) 1903 817970 (UK).
- If you'd like a copy of this application form, please let us know within 3 months.

What's next?

- Send your completed form and your spreadsheet of persons to be covered back to us using **one** of these options:
  - **Email:** sales@alchealth.com
  - **Post:** ALC Health, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff, CF24 0EL, United Kingdom
- We'll write to you with your terms and requesting payment within 5 working days.
- Then, once we've received your payment, we'll send your policy documentation.

1 Choosing your level of cover

Please select **the plans** below to cover everyone on this application, then tick the boxes to choose your level of cover. For more information on our plans, visit **www.alchealth.com** or simply scan this code with your smartphone →

Prima **Classic** ☐	Prima **Premier** ☐	Prima **Platinum** ☐
☑ In-patient, day-patient and out-patient treatment	☑ In-patient and day-patient treatment ☐ Out-patient treatment	☑ In-patient, day-patient and out-patient treatment
Routine pregnancy and childbirth limit: ☐ £3,000 : €3,600 : US$4,500 ☐ £5,000 : €6,000 : US$7,500	Routine pregnancy and childbirth limit: ☐ £3,000 : €3,600 : US$4,500 ☐ £5,000 : €6,000 : US$7,500 ☐ £7,500 : €9,000 : US$11,250 ☐ £10,000 : €12,000 : US$15,000	Routine pregnancy and childbirth limit: ☐ £3,000 : €3,600 : US$4,500 ☐ £5,000 : €6,000 : US$7,500 ☐ £7,500 : €9,000 : US$11,250 ☐ £10,000 : €12,000 : US$15,000 ☐ £20,000 : €24,000 : US$30,000
☐ Dental treatment	☐ Dental treatment	☐ Dental treatment
☐ Evacuation or Repatriation	☐ Evacuation or Repatriation	☐ Evacuation or Repatriation
Area of cover: ☐ Area 1 – Europe ☐ Area 2 – Worldwide excluding USA and any USA territories ☐ Area 3 – Worldwide	Area of cover: ☐ Area 1 – Europe ☐ Area 2 – Worldwide excluding USA and any USA territories ☐ Area 3 – Worldwide	Area of cover: ☐ Area 1 – Europe ☐ Area 2 – Worldwide excluding USA and any USA territories ☐ Area 3 – Worldwide

In which currency would you like to pay your premium? Your policy benefits will also be in this currency.

☐ GB£ ☐ Euro€ ☐ US$

How much excess would you like to pay? Excess is per person per policy year and does not apply to Routine Pregnancy & Childbirth, Dental Treatment, Evacuation or Repatriation options or Well-being, Optical and Vaccination benefits. To reduce your premium amount, choose a higher policy excess.

☐ Nil
☐ £50 : €60 : US$75
☐ £150 : €180 : US$225
☐ £300 : €360 : US$450
☐ £500 : €600 : US$750
☐ £1,000 : €1,200 : US$1,500
☐ £2,500 : €3,000 : US$3,750
☐ £5,000 : €6,000 : US$7,500
☐ £7,500 : €9,000 : US$11,250

How would you like to pay your premium? We'll send details following acceptance of your application.

☐ **Annually** → By Bank Transfer
☐ **Quarterly** → By Bank Transfer
☐ **Monthly** → By Bank Transfer

2 About the company (Policyholder)

Company details

Full company trading name

Address to be shown on policy

Postcode: Country

Correspondence address (if different)

Postcode: Country

Website address

Industry

Group administrator details

Give the details of the person responsible for the administration of this policy, including notification of any changes to the people insured under this policy.

Name of group administrator

Title/position

Telephone

Fax

Email address

Medical history

Which underwriting terms are required?

- ☐ Moratorium (standard)
- ☐ Transfer from another insurer (CPME)
- ☐ Medical History Disregarded (MHD) for over 10 employees

To the best of your knowledge, in the past 5 years has any member on this scheme been diagnosed with, or received any form of treatment/consultation for a heart condition, cancer, stroke, diabetes, anxiety, depression, psychiatric, back issues or been signed off work for any medical reason for a period of more than two weeks?

☐ Yes ☐ No

To the best of your knowledge, does any member of this policy have any medical condition that is likely to result in the need for an in-patient stay in hospital?

☐ Yes ☐ No

If you've answered **yes** to any of the questions above, please give full details on page 3.

If anyone is transferring from another insurer (CPME) there must be no break in cover and copies of each member's current Certificate of Insurance will be required. In addition, where a scheme has less than 10 employee's individual health declaration will be required.

Individual details

Please supply a spreadsheet of all individuals (including dependants, where applicable) to be covered under this policy, stating their:

- ✔ Title
- ✔ First name
- ✔ Initial
- ✔ Surname
- ✔ Gender
- ✔ Date of birth (DD-MM-YYYY)
- ✔ Residential address
- ✔ Country of residence
- ✔ Nationality
- ✔ Whether they're a Member or a Partner / Child of a Member
- ✔ Employment Date
- ✔ Plan selected

If you're completing this form digitally, you can attach a Microsoft Excel spreadsheet when you email your form to us. Please include your full company trading name in the title.

Eligibility

Please define your eligibility criteria and employee category:

Employees: Compulsory ☐ Voluntary ☐ Dependants: Compulsory ☐ Voluntary ☐

Name of category e.g. directors, managers, general employees	Number/split of eligible employees/dependants	Number/split of employees/ dependants taking cover	Eligibility criteria e.g. probation/wait periods, employee grades etc.

Any employee or dependant who does not join when first eligible may be required to complete a medical declaration and we reserve the right to offer different underwriting terms.

Declaring illnesses

If you've answered **yes** to any of the questions above, you must give full details here. Please continue on a separate sheet if necessary.

Full name

Medical condition, including current prognosis

Treatment, including dates, drugs and dosages

Full name

Medical condition, including current prognosis

Treatment, including dates, drugs and dosages

3 General Data Protection Regulation (GDPR)

This is only a summary of ALC'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 **https://www.alchealth.com/privacy.htm**

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

4 Fair Processing Notice

This Privacy Notice describes how SiriusPoint International Insurance Corporation (publ) (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).

If you have questions or concerns regarding the way in which your personal information has been used, please contact: **DPOLondon@siriuspt.com**

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: **https://www.siriuspt.com/legal/website-privacy-policy-final.pdf**

5 Your declaration

1. I have received and read the full Definitions, Benefits, Exclusions and Conditions of this Policy including General Exclusion 1 relating to Pre-existing Conditions and General Condition 7 relating to Governing Law. I understand that the Application Form, Certificate of Insurance or Declaration of Insurance (if outside the EEA or UK) and the Policy Wording make up the contract between us and all form part of the policy. I am aware that cover shall be provided in accordance with the policy. General Exclusion 1 relating to Pre-existing Medical Conditions is not applicable to Medical Underwriting Transfers (CPME) or Medical History Disregarded (MHD) underwriting terms.
2. I/we declare that the information disclosed in this proposal is, to the best of my/our knowledge and belief, both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.
3. I understand that if the company is not satisfied with the content of this policy, the company may cancel the insurance within 14 days of the completion of this contract as set out in the Policy Wording.
4. By signing this form the policyholder confirms that:
   - anyone included on the plan has agreed that the policyholder has their permission to act for them to set up this plan
   - the policyholder consents on behalf of those family members and themselves to ALC Health, its underwriters and its claims handlers using personal information in the ways described above.
   - If applying for coverage where the policyholder is outside of the EEA and UK or at any time move to a location outside the EEA or UK, the policyholder acknowledges and agrees to elect the Trust: the policyholder hereby applies and subscribes, for and on behalf of each individual enrolled, to 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 Sirius International Insurance Corporation (publ) on the date of its receipt hereof, and as administered by ALC Health.
5. I have read the General Data Protection Regulation (GDPR) notice as contained in this Application Form and the Privacy Policy which is available at **https://www.alchealth.com/privacy.htm**
6. If you are arranging this insurance via a broker the policyholder understands, acknowledges and agrees that ALC Health will pay commission to the broker at inception and renewal.
7. If you don't take reasonable care and the information you give us is inaccurate or incomplete then we may take one or more of the following actions:

   (i) Cancel your plan;
   (ii) Declare your membership void (treating your plan as if it had never existed);
   (iii) Change the terms of your plan; or
   (iv) Refuse to deal with all or part of any claim or reduce the amount of any claims payments.

   We may ask you to provide further information and/or documentation to make sure that the information you gave us when taking out, making changes to or renewing your plan was accurate and complete.

   No cover is in force until this proposal is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided.

Consent

☐ Yes ☐ No

We agree to the processing of our personal information to provide the services we have purchased, including to administer claims, and to receive member communications, in accordance with ALC Health's Privacy Policy

☐ Yes ☐ No

We agree to receive relevant information and other communications from ALC Health about insurance coverages and service options. We understand that we can withdraw our consent at any time

Policy start date

Date (DD-MM-YYYY)

Our policies renew on the first of the month. If you'd like to start cover on a different date, a pro-rata premium will apply in the first policy year.

Your policy cannot start until we receive and accept this form. If you'd like your cover to start at a future date, you must let us know if there are any changes to the information given in this form – you cannot apply for cover more than 60 days in advance of completion of this form.

Confirmation

Name

Position

Group administrator signature

Signing this Application does not bind you to enter into this insurance.

Date signed (DD-MM-YYYY)

If you're completing a digital version of this form, please tick the box below to acknowledge the declaration.

☐ I confirm, as the Group administrator, I have read and understood this declaration

Documentation

Would you like to receive all policy documentation and future correspondence by email? We'll use the address from page 2.

☐ Yes ☐ No

Broker name

Broker number

CM00501948A221205