

Application Form - Securus Group

Please use BLOCK CAPITALS and Black Ink when completing the form.

Please contact us on +44 (0) 1344 381650 if you have any queries. Please send your application form to us by:

- Post to Expacare, The Columbia Centre, Station Road, Bracknell, Berkshire, RG12 1LP, United Kingdom
- Fax to +44 (0) 1344 381690
- Email to info@expacare.com
- Alternatively, please send the form to your insurance broker

1. COMPANY DETAILS

Legal Company name: _____ *Proof of Company registration is required.*

Trading address: _____

Registered address (if different from trading address): _____

Type of business: _____

Company website address: _____

Company contact: _____

Job title: _____

Tel: _____ Fax: _____ Email: _____

2. UNDERWRITING

Moratorium underwriting is offered. Pre-existing conditions are excluded from cover under a moratorium (delay period). A pre-existing condition is any known medical condition (or related condition) that has, in the two years immediately before the insured persons enrolment date, or the enrolment date of a dependant, one or more of the following characteristics:

- it has been diagnosed.
- it has needed medical treatment (including drugs, special diets and injections).
- medical advice has been asked for, including check-ups.
- medical advice should have been asked for if recognised clinical advice had been followed.
- it has undiagnosed symptoms, whether recognised or not.

After two years of continuous cover pre-existing conditions will become eligible for benefit (unless the condition or the benefit is specifically excluded) if, at the first time of receiving treatment, the insured person has not:

- suffered any symptoms;
- consulted any physician for check-ups, medical treatment or advice;
- taken any medication including drugs, special diets, injections, physiotherapy

for that medical condition, or any related condition, for a continuous period of two years.

Medical History disregarded means that any pre-existing medical conditions will be covered providing that all material circumstances, including but not limited to any planned/pending inpatient treatment or serious medical condition, have been disclosed to and accepted by the Insurer and they fall within the terms and conditions of the plan (where MHD underwriting is offered to your sponsoring organisation by Expacare). MHD is subject to acceptance of completed relevant forms and submission of full membership.

3. PREFERRED START DATE: DD / MM / YY

4. PLAN AND EXCESS CHOICE

	UNDERWRITING	WAIVE EXCESS	ADDITIONAL BENEFITS
Securus Essentialcare	Moratorium <input type="checkbox"/> MHD <input type="checkbox"/>	Not Applicable	
Securus Extensiveware	Moratorium <input type="checkbox"/> MHD <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Securus Ultracare	Moratorium <input type="checkbox"/> MHD <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

There is the option to waive the GBP 25 excess on Outpatient Services (charged on each course of treatment, per medical condition) for a payment of an additional 5% of the annual premium. This only applies to Extensiveware and Ultracare.

5. AREA OF COVER

- ☐ Area 1 – Worldwide Excluding USA, Canada and the Caribbean
- ☐ Area 2 – Worldwide

Note: if different areas of cover are required across the membership then please show this on the membership list.

6. DETAILS OF PREVIOUS INSURANCE

No previous medical insurance ☐ (Go straight to next section).

Name(s) of previous insurer:

Previous renewal date: DD / MM / YY

Have there been any claims over GBP 50,000 for any one condition:

Yes ☐ No ☐

If Yes have details been provided to Expacare:

Yes ☐ No ☐

Past 3 years claims information (if available) must be submitted.

7. PAYMENT DETAILS:

Payment frequency:

Annual ☐ Semi-annual* ☐ Quarterly* ☐

Payment must be received from the Company.

* An administration fee of 2% on semi-annual and 4% on quarterly options will be charged.

8. ELIGIBILITY

- a) Compulsory Membership for all expatriate employees applies ☐

All main members covered by the scheme are employed by the company. All expatriate employees are included in this application and all future expatriate employees will be included on a compulsory basis

Or

Voluntary Membership for expatriate employees ☐

- b) Please select one of the following options: Employees ☐ Employees and Dependants ☐

Any future people added to the scheme must be an eligible employee or a spouse/dependant of an eligible employee.

- If there are 5 or more employees with different eligibility, please contact us to discuss and agree the eligibility criteria
- Persons on cover: Please ensure that we have been provided with full details (First name, Last name, Gender, Nationality, Country of Residence, Date of Birth DD / MM / YY, Area of Cover) of all members to be covered on the scheme.
- Over Age Dependants: We require confirmation in writing from their place of study that any child aged 18 and over is in full time education. Children will be removed from cover on the renewal date following their 24th birthday.

9. DUTY OF FAIR PRESENTATION

We wish to remind clients of their duty of fair presentation. The duty on insureds and potential insureds is one of fair presentation of the risk, which requires:

- disclosure of every material circumstance which the insured knows or ought to know, or
- failing that, disclosure which gives the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purposes of revealing those material circumstances, in a manner which would be reasonably clear and accessible to a prudent insurer. A material circumstance is one which would influence the judgment of a prudent insurer in determining whether to take the risk and, if so, on what terms.

You must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. This will still apply where any amendment is made to the insurance.

If you breach your duty of fair presentation, Insurers are generally limited to "proportionate remedies", linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of claims where a higher premium would have been charged. In circumstances where Insurers would not have entered into the contract on any terms it can avoid the contract and refuse all claims, but must return the premium. If the breach is deliberate or reckless Insurers can avoid the policy, refuse all claims and keep the premium.

Please refer to our Membership Guide, in particular the Section headed 'Duty of Fair Presentation', for more information.

Are you aware of any person to be covered having any on-going serious condition, including but not limited to any type of cancer, heart condition or stroke?

Yes ☐ No ☐

Are you aware of any person to be covered having any medical condition likely to result in, or already requiring planned/pending in-patient treatment?

Yes ☐ No ☐

If Yes, please provide full details:

If you are in any doubt as to whether information is relevant or not, or do not know the answer, or how to answer, any specific question, then please contact us for guidance.

10. DATA PROTECTION NOTICE

We take our responsibility for confidentiality very seriously. Any information you give us will be held securely and fairly in accordance with the Data Protection Act 1998.

How we may use members personal data or disclose it to third parties:

- To administer the plan and process claims
- To liaise with treatment providers about treatment and costs
- To process claims that are also covered by another insurer or third party
- To help us develop services we think will be in the members best interest
- For statistical analysis to help us assess how the scheme is being used
- To detect fraud and improper claims

Giving you information:

- You have a right to know what information we hold about you. We may request an administration fee for supplying a copy of any personal information.

Communication:

- We may monitor any communication we have with members, including telephone conversations to ensure we have an accurate record, and have followed your instructions.
- Website: We use cookies only to track visits to our website. Visitors have the option to decline cookies.

At times, the provision of our services may necessitate the transfer of your personal data outside the European Economic Area and/or the disclosure of the same to insurers, partners, agents and professional advisers. Such employees, contractors and agents who have access to your personal data are required to keep that information confidential and are not permitted to use it for any other purposes. By signing this Application Form you consent to such transfer of data.

We will abide by the stated principles of the Data Protection Act at all times. These can be viewed on the Information Commissioners website – www.dataprotection.gov.uk. Members have the right to know what information we hold about them and can request this by writing to the:

Data Protection Officer, Expacare Limited, The Columbia Centre, Station Road, Bracknell, Berkshire, RG12 1LP

11. DECLARATION

I declare that I am authorised by the Company to enter into this Contract of Insurance with Expacare Limited.

I understand that I am signing this form on behalf of a number of persons to be covered and I will make them aware of the declaration that I have signed and will inform them of how their data and medical information will be used.

I confirm that all main members covered by the scheme are employed by the company and that it is our responsibility to inform members when cover is cancelled. I confirm that we will check and inform Expacare of any amendments that need to be made to the membership.

I declare that the Company has made a fair presentation of the risk, by disclosing all material matters to Expacare which we know or ought to know or, failing that, by giving the Insurer (via Expacare) sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

By signing this application form, I consent to Expacare dealing with our broker, if one is appointed.

Signed:

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Position:

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Dated: DD / MM / YY