## **Evolution Health Plan (EU)**





## **Employer application form**

**Please complete this form and return it to your agent/insurance broker.** It is important that you complete this form fully. Failure to do so may result in the form being returned to you for completion. All proposals are reviewed prior to acceptance and therefore no cover shall be granted until confirmation is provided.

1 Company d	letails				
Company name			Nature of busine	SS	
Company address			Post/Zip code		
Phone	Fax		<sub> </sub> E	mail	
2 Contact de	tails				
Please provide the name and	d contact details of the pe	erson responsible	e for running your con	npany's group medical scher	ne.
Title Forena	ame(s)		Surnan	ne	
Job title					
Phone	Fax		Email		
Cover requirements on which you wish cover					
Choose your area of cover	Europe	Worldwide ex Singapore & F	cluding USA, China, long Kong	Worldwide excluding USA	Worldwide
Choose your level of cover	Standard	Standard Plus		Comprehensive	
	Premium		Elite		
Please select the annual	Nil	100	250	500	1000
excess you wish to apply to your policy	2500	5000	7500	10000	
In addition you may select a	• •	•		10% co-insurance	
claims only. In effect this is a for which you are responsibl		patient claim		20% co-insurance	
N.B. This option is not appl	icable to the Standard l	level of cover as	there are no out-pat	tient benefits on Standard	•
Please specify the currency i and receive benefits	n which you wish to pay	premiums	US Dollar \$	Sterling £	Euro€
Do you or any of the person (For the avoidance of doubt, t cycling, mountain biking, cont If you are in any doubt then	his would include amongs tact sports etc either as an	t other things <u>but</u> amateur or profe	not limited to climbing ssional).	. 460	No



4 Additional module
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Home country evacuation module (120 adult/75 child)

**Definition of staff to be insured** 

Who will be insured? **Employees only** Employees and their eligible dependants

**Declaration** 

I declare that I am authorised by the Company to enter ino this Contract of Insurance. I further declare that after full and reasonable enquiry and to the best of my knowledge and belief that the statements made by me on this application form together with any supplementary information forming part of this application are full, true and correct. I understand that any changes to the information I have provided which take place between the time this form is completed and the time coverage becomes effective, must be notified in writing to the Insurer prior to the effective date of this coverage and failure to do so may result in the rejection of a claim or cancellation of the policy.

Please ensure that prior to entering into this Contract of Insurance you have been provided with, and have read, the terms and conditions that will apply to you as the policyholder and any eligible insured person enrolled on this policy. If you do not understand any aspect of the terms and conditions you should contact Morgan Price Europe at the address given below before signing this application.

Signature of Group Company Secretary Date



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## **Data Protection & General Data Protection Regulations**

This paragraph sets out how we process your data and your rights under the new laws, although you should refer to the Morgan Price (Europe) ApS Privacy Notice at [www.morgan-price.eu/privacy-policy] for further details.

Morgan Price (Europe) ApS together with its insurance partners are the joint controller and processor of your personal data (the insurance partner of your policy will be advised to you when you purchase the cover). We will collect your personal data including but not limited to special categories of Personal Data about you (this includes details about your sex, ethnicity, age, and information about your health and medical conditions). We respect your privacy and we are committed to protecting your personal data.

This notice aims to give you information on how we collect and process your personal data when using our insurance services, including any data you may provide when you purchase our insurance products or services. Personal data, or personal information, means any information about an individual from which that person can be identified. It does not include data where the identity has been removed (anonymous data). Where we need to collect personal data by law, or under the terms of an (insurance) contract we have with you and you fail to provide that data when requested, we may not be able to perform the contract we have or are trying to enter into with you or provide the insurance services to you (for example, to provide you with medical claims insurance services). In this case, we may have to cancel the insurance product or insurance service you have with us but we will notify you if this is the case at the time. We will only use your personal data when the law allows us to. Most commonly, we will use your personal data in the following circumstances:

- Where we need to perform the insurance contract we are about to enter into or have entered into with you;
- · Where we need to assess any medical conditions, claims and Health data to perform our obligations under the insurance contract;
- · Where it is necessary for our legitimate interests (or those of a third party) and your interests and fundamental rights do not override those interests;
- Where we need to comply with a legal or regulatory obligation.

We will only use your personal data for the purposes of providing insurance products and services unless otherwise indicated to you. We may have to share your personal data with our insurance partners, which may include reinsurers, insurance intermediaries, third party medical claims administrators and other related parties to satisfy our contractual and legal obligations under the insurance contract (policy terms).

Many of our external third parties are based outside the European Economic Area (EEA) so their processing of your personal data will involve a transfer of data outside the EEA. Whenever we transfer your personal data out of the EEA, we ensure a similar degree of protection is afforded to it by ensuring that we use specific contracts approved by the European Commission. We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.

Under certain circumstances, you have rights under data protection laws in relation to your personal data. More details of these rights can be found within our Privacy Notice and at [www.morgan-price.eu/privacy-policy]. These rights include: Request access to your personal data; Request correction of your personal data; Request erasure of your personal data; Object to processing of your personal data; Request restriction of processing your personal data; Request transfer of your personal data and Right to withdraw consent.