



OG GEMS - GROUP APPLICATION FORM

Welcome to Optimum Global

1. NOTES TO HELP YOU WITH YOUR APPLICATION

We aim to make it as easy as possible for you to apply for your company's health insurance, so please read the following notes before you start. If you have any questions, please contact Optimum Global at sales@optimumglobal.com and we'll be pleased to help you.

This form must be completed and signed by the Group Secretary who is authorised by the Company to enter into this Contract of Insurance.

If you are completing this form digitally, please print it out once completed and sign the Company Declaration before returning it to us.

Once you've completed your application

Please check your details carefully and make sure you have signed and dated the Company Declaration.

Completed applications can be emailed to us at sales@optimumglobal.com, however we can't accept digital signatures, so you must print, sign and scan in section 6.

We would advise that you keep a record of all information supplied in connection with this application, including any correspondence you send us. We can send you a copy of this application, providing you let us know within three months.

2. ABOUT THE COMPANY

Please remember to use BLACK INK and write in BLOCK CAPITALS throughout

2.1. FULL COMPANY NAME

Registered name: _____

Trading as (if different): _____

2.2. COMPANY REGISTRATION DETAILS

Please give full address details, including postal code and country (as applicable)

Registered address: _____

Country: _____ Postal Code: _____

Registered number: _____

Company website: _____

2.3. COMPANY CORRESPONDENCE DETAILS (IF DIFFERENT)

This is where we will send the policy documents. Please give full address details, including postal code and country where applicable.

Address: _____

Country: _____ Postal Code: _____

Telephone: _____

2. ABOUT THE COMPANY (CONTINUED)

2.4. NATURE OF COMPANY BUSINESS

2.5. TOTAL NUMBER OF EMPLOYEES TO BE COVERED

TOTAL NUMBER OF DEPENDANTS TO BE COVERED

2.6. GROUP SECRETARY DETAILS

Please give your details as the person nominated as Group Secretary on this policy

Full name, including title: _____

Position in company: _____

2.7. GROUP SECRETARY CONTACT DETAILS

Please provide contact details where we can reach you. Please include country and area codes, where applicable.

Telephone: _____ Mobile: _____

Email: _____ Fax (if applicable): _____

3. ABOUT YOUR NEW COMPANY POLICY

For full details on underwriting options, the different types of cover available, additional options and excess levels, please refer to sales@optimumglobal.com or ask your Broker.

3.1. ON WHAT DATE WOULD YOU LIKE YOUR COVER TO START?

Once the policy is in place, you can add additional employees or dependants at any time by advising Optimum Global at customerservice@optimumglobal.com

3.2. PLEASE INDICATE PRODUCT AND LEVEL OF COVER YOU REQUIRE

Product name: _____

Level of cover (including Co-pay & Deductible option required): _____

Area of cover: _____

3.3. ADDITIONAL COVER OPTIONS

a) Do you require Maternity add-on (Not available on Emerald or Sapphire) Yes No

Please indicate on your final census which female members will have maternity cover
 Please note that remaining group members must choose the same Core Plan as those members opting for maternity cover.

b) Do you require Dental add-on Yes No

c) Do you require Optical add-on Yes No

d) Do you wish to purchase the optional Life cover? (Please note, this option is only available to members aged 18-64 yrs)

Please indicate which Life cover amount you are applying for:

Option a) \$50,000 / €50,000 / £50,000

Option b) \$100,000 / €100,000 / £100,000

3.4. IN WHAT CURRENCY WOULD YOU LIKE TO PAY YOUR PREMIUM?

Choose one currency only.

\$ US Dollar £ Sterling € Euro

4. MEDICAL HISTORY STATEMENTS

You must take reasonable care to provide accurate and complete answers to all questions.

If you do not take reasonable care and the information provided by you is inaccurate or incomplete then depending on the circumstances, we may take one or more of the following actions:

- Cancel your policy
- Declare your policy void (treating your policy as if it had never existed)
- Change the terms of your policy; or
- Refuse to deal with all or part of any claim or reduce the amount of any claim payments

We may ask you to provide further information and/or documentation to ensure that the information you provided when taking out, making changes to or renewing your policy was accurate and complete.

Please do not assume that we will carry out any searches or contact any other person to check the answers to any of the questions on this proposal form or any of the information provided in response to these questions. It remains your responsibility to complete the proposal form and check that the information within it is accurate and complete.

Please note: By treatment we mean surgical or medical services (including medication prescribed by a specialist) that are needed to diagnose, relieve or cure a disease, illness or injury.

4.1. TO THE BEST OF YOUR KNOWLEDGE, HAS ANY MEMBER TO BE INCLUDED ON THIS POLICY BEEN DIAGNOSED WITH, OR RECEIVED ANY FORM OF TREATMENT/CONSULTATION FOR CANCER IN THE PAST FIVE YEARS?

No ▶ Go to 5. PAYMENT OPTIONS Yes ▶ Please provide details to sales@optimumglobal.com

4.2. TO THE BEST OF YOUR KNOWLEDGE, DOES ANY MEMBER TO BE INCLUDED ON THIS POLICY HAVE ANY MEDICAL CONDITION THAT IS LIKELY TO RESULT IN THE NEED FOR AN IN-PATIENT STAY IN HOSPITAL?

No ▶ Go to 5. PAYMENT OPTIONS Yes ▶ Please provide details to sales@optimumglobal.com

4.3. TO THE BEST OF YOUR KNOWLEDGE, HAS ANY MEMBER BEEN DIAGNOSED WITH A TERMINAL ILLNESS AT TIME OF APPLICATION?

No ▶ Go to 5. PAYMENT OPTIONS Yes ▶ Please provide details to sales@optimumglobal.com

5. PAYMENT OPTIONS

By Bank Transfer

Annually Semi-Annually Quarterly

We will contact you with details on acceptance of the policy (we offer a discounted premium for annual payments).

Please note that any charges made by the remitting bank and receiving bank in the course of submitting funds to Optimum Global Ltd must be borne by the applicant(s). This may mean it is necessary to pay an amount in excess of the premium due to the plan to cover these charges.

6. COMPANY DECLARATION

Please read the Data Protection Notice and following declarations carefully, and only sign below if you understand and accept them.

Data Protection Notice

By signing and returning this form you indicate that you have authority to give consent on behalf of any person named in this application or group census covered by your policy and, on your own and their behalf, you consent to the use of personal information as set out in the Data Protection Notice below.

Please make sure you make this statement available to all members of your group scheme.

To set up and administer your policy Optimum Global Limited will hold and use information about any person covered by your policy supplied by you, those family members, medical providers or your employer. Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have consent to do so.

We send personal and sensitive information in confidence for processing by other companies and intermediaries including those located in countries outside the European Economic Areas (EEA) including to countries where the laws protecting personal information may not be as strong as in the EEA. We take steps to ensure that any sub-contractors give at least the same protections as we do. We may share details of the value and types of claim with the policyholder's company and any intermediaries they authorise, whilst respecting every person's right to medical confidentiality. This is to enable them to assess the value and effectiveness of the cover and our services.

Personal Data provided in this application form will be used and processed by us in line with our Privacy Policy which can be found on our website, or which can be requested from us at any time.

By signing and returning this form you indicate that you have authority to give consent on behalf of any members covered by your policy and on your own and their behalf you consent to the use of personal information in the ways described above.

6. COMPANY DECLARATION (CONTINUED)

Benefits may not be payable if you do not fully disclose any material facts requested within this application form and any supplementary medical questionnaires which you may be required to complete as part of the application process. Material facts are those which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them.

Personal Data provided in this application form will be used and processed by us in line with our Privacy Policy which can be found on our website, or which can be requested from us at any time.

I hereby give my consent to Optimum Global Insurance Company Limited or its agent to process the data supplied in this application form for the purposes of insurance intermediation, selection and/or compliance. I accept that this data may be sent and processed outside the UK in a country without specific data protection laws (this only applies if you have lived or worked overseas).

I/We declare that all the information on this application form is true and complete. I am/We are unaware of the existence of any medical condition or circumstance foreseeably requiring my/our hospitalisation in the future, and understand that benefits will not apply to treatment or expense arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our enrolment in the Policy unless such conditions are fully disclosed to and accepted by Optimum Global Insurance Company Limited prior to the inception of the Policy. I/We consent to Optimum Global Insurance Company Limited seeking information from any doctor who has attended to me/us and I/we authorise the giving of such information. I/ We further authorise Optimum Global Insurance Company Limited to give such information obtained or information contained herein for the purpose of obtaining insurance cover under this application to my insurance representative. I/We understand that Optimum Global Insurance Company Limited may require further medical information from my doctor and I/we am/are aware that I am/we are responsible for obtaining and paying for such information should I/we wish to continue my/our application. I am/We are aware that I/we can seek advice from a qualified adviser before I/we sign this application form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives. I/We have received Optimum Global Policy Conditions and the product benefit table and they have been explained to my/our satisfaction.

I/We agree that any cover which I/we may purchase for the USA shall terminate upon informing Optimum Global Insurance Company Limited that I/we have become a resident of the USA. I/We agree that this application shall be the basis of the contract of insurance between me/us and Optimum Global Insurance Company Limited. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Optimum Global Insurance Company Limited or its agent.

Signature of Group Secretary: _____ Date: _____

The Group Secretary must be authorised to sign on behalf of the company

7. FOR BROKER USE ONLY (IF APPLICABLE)

Broker name _____

Broker address: _____

Country: _____ Postal Code: _____

Broker code: _____