AFRICA CORPORATE PLAN APPLICATION FORM

Please use BLOCK CAPITALS and Black Ink when completing the form.
Please contact us on +44 (0) 1344 233950 if you have any queries. Please send your application form to us by:

- Email to info@expacare.com
- Alternatively, please send the form to your insurance broker

When selecting which benefit levels are required, please ensure that you are aware of any financial limits, cover restrictions or exclusions that may apply. Full details can be found either within the quotation that we provided, or alternatively within the membership guide, copies of which are available upon request.

1. COMPANY DETAILS

Legal Company name:

Trading address:

Registered address (if different from trading address):

Type of business:

Company website address:

Ultimate Beneficiary Owner/s (UBO):

Names of two active Directors:

Company contact:

Job title:

Tel: Fax: Email:

2. BROKER DETAILS

Broker name:

3. PREFERRED START DATE: DD / MM / YY

4. LEVEL OF COVER

- ☐ **Africa Primary** – (Country of residence only (with evacuation to neighbouring country))
- ☐ **Africa Classic** – (Africa, India and Lebanon)
- ☐ **Africa Enhanced** – (Worldwide excluding USA, Bermuda and all islands of the Caribbean.)

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5. ELIGIBILITY

a) Compulsory Membership for all employees/principal members within set defined eligibility criteria.

b) Please select whether the Policy should include cover for: Employees ☐ or Employees and Dependants ☐

c) Defined eligibility:

Eligibility criteria for each cover level (who in your organisation is covered on each cover level):

Africa Primary .....

Africa Classic .....

Africa Enhanced .....

Examples of eligibility are: Directors only, Management and dependants only, all staff

- Any future people added to the scheme must be an eligible employee or a spouse/dependant of an eligible employee.
- 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: Children will be removed from cover on the renewal date following their 25th birthday.

Discuss with your Expacare contact

6. UNDERWRITING METHOD

Medical History Disregarded (MHD) with medical questionnaires for age 65+

7. 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 USD 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.

8. PAYMENT DETAILS

Payment must be received from the Company.

Payment Currency (please note this will determine the currency of the policy): USD ☐

Payment method: Bank transfer ☐ Credit Card ☐

Payment Frequency: Annual ☐ Six-monthly* ☐ Quarterly* ☐

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

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

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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, stroke or HIV/AIDS? 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 ☐

Is any person to be covered currently pregnant? 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 FAIR PROCESSING NOTICE

In your dealings with us you may provide information that includes data that is known as personal data.

The personal data we collect will include data relating to your name, address, email address, IP address, date of birth, nationality, country of residence, occupation, credit card details and medical information.

We will process your personal data to allow us to administer your health insurance policy and any associated claims and for actuarial analysis.

It will also be used to manage future communications between ourselves in relation to your policy and claims.

We will only use your data for the purpose for which it was collected. We will only grant access to or share your data where we are required or entitled to do so by law under lawful data processing. This is within our firm or other firms associated with us, our authorised partners, your broker if you have appointed one, third party service providers such as insurers, assistance companies and claims administration providers.

If you require further information on how we process your data and our lawful bases for doing so, please contact us at info@expacare.com or refer to our Privacy Policy which can be found on our website.

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 in relation to this insurance contract. 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. It is the responsibility of the Company to ensure that they have obtained good, clear copies of identification documents for compliance purposes which must be provided promptly upon request. 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 authorise Expacare to deal with our broker, if one is appointed.

Signed:

Position: Dated: DD / MM / YY

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