

GROUP APPLICATION FORM

MyHEALTH BUSINESS AND YourHEALTH BENEFITS

www.april-international.com

Please print only if necessary



CORPORATE APPLICATION FORM

The answers you give to the questions contained in this application will form the basis of any insurance policy issued, and will be incorporated into the contract. It is essential that you give accurate, truthful, and complete information for all persons to be insured, as inaccuracies may jeopardise coverage or invalidate a claim.

REQUESTED POLICY START DATE

Policy Start Date: / /

I PLAN SPONSOR DETAILS

PLAN SPONSOR DETAILS

Company Name: _____
Subsidiary Company Name(s): _____
Type of Business/Industry: _____
Company Address: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

PLAN SPONSOR ADMINISTRATOR

First Name: _____ Family Name: _____
Job Title: _____
Mailing address if different from Company Address: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____
Email Address: _____

GROUP ELIGIBILITY - EMPLOYEES

EMPLOYEE ENROLMENT REQUIREMENT:

- Compulsory
 Voluntary (please provide details) _____

Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

Are all employees to be enrolled permanent staff and actively at work? Yes No (please provide details)

Are you aware of any pending hospitalisations, serious illnesses and/or any ongoing treatment for chronic conditions in respect of the employees and dependants to be enrolled? Yes (please give details) No

GROUP ELIGIBILITY - DEPENDANTS

Are dependants eligible for coverage? Yes (please complete Dependant Enrolment Basis below) No

Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

Spouse Enrolment Basis

- Compulsory
 Voluntary (please provide details) _____

Children Enrolment Basis

- Compulsory
 Voluntary (please provide details) _____

UNDERWRITING BASIS AT ENTRY

- Full Medical Underwriting
 Moratorium
 Medical History Disregarded
 CPME

ONLINE ACCESS

As a group administrator, would you like access to your policy details online at april.hk/portal?

Yes No

Would you like your insurance intermediary to have access to your group policy details and claims through their online account?

Yes No

May we share information about member claims and benefits paid with your insurance intermediary?

Yes No

INTERMEDIARY DETAILS (for intermediary only)

Intermediary Name: _____

Company Name: _____

Telephone: _____

Email: _____

Or Stamp Above

PREMIUM PAYMENT FREQUENCY

- Annually
 Semi-Annually (4% surcharge)
 Quarterly (5% surcharge)

PAYMENT METHOD

- Corporate Credit Card
 Cheque
 Bank Transfer

CORPORATE CREDIT CARD

If you wish to pay your premium by Corporate Credit Card, please complete the Credit Card Authorisation form and submit it together with your Application Form.

CHEQUE OR BANK DRAFT (ANNUAL PAYMENT ONLY)

- Cheques should be drawn on a Hong Kong or United States clearing bank and made payable to "APRIL Hong Kong Limited". If paying in HKD, please use the conversion rate of USD1 to HKD7.8.
- Please indicate the company's name, policy number and debit note number on the back of the cheque.
- Please send payment to:

APRIL Hong Kong Limited
 9th Floor Chinachem Hollywood Centre,
 1-13 Hollywood Road, Hong Kong, SAR.
 Tel: +852 2526 0918 | Fax: +852 2526 0769 | Email: ops.hk@april.com

BANK TRANSFER (ANNUAL PAYMENT ONLY)

- Transfers can be made either in HKD or USD. Please refer to the banking details below for each account type. If paying in HKD, please use the conversion rate of USD1 to HKD7.8.
- Please send full payment (inclusive of all bank charges) to:

Hong Kong Dollar (HKD) Account

Beneficiary Bank

Account Holder: APRIL Hong Kong Limited
 Bank: The Hongkong and Shanghai Banking Corporation Limited
 Bank code: 004
 Account Number: 741-208490-001
 Swift Code: HSBCHKHCHKH
 Bank address: 1 Queen's Road Central, Hong Kong

US Dollar (USD) Account

Beneficiary Bank

Account Holder: APRIL Hong Kong Limited
 Bank: The Hongkong and Shanghai Banking Corporation Limited
 Bank code: 004
 Account Number: 741-208490-201
 Swift Code: HSBCHKHCHKH
 Bank address: 1 Queen's Road Central, Hong Kong

Intermediary Bank

ABA No.: 0108
 Recipient Bank: HSBC Bank USA NA, New York
 IBAN: USA CHIPS UID 075995
 Fedwire Number: 021001088
 Account Number: 000-04441-5
 Swift Code: MRMDUS33

1. All bank charges will be borne by the remitter.
2. Please indicate your Policy Number and Debit Note number as a payment detail to your banker.
3. Please fax (+852 2526 0769) or email ops.hk@april.com the bank remittance advice or instruction slip with your Policy Number, name and debit note number to us for our accounting records and to issue an Official Receipt.



NOTICE TO CUSTOMERS RELATING TO THE PERSONAL DATA ORDINANCE

In relation to: (i) the personal data collected by APRIL Hong Kong Limited (“APRIL”) in this application form, and (ii) any personal data about me/us which may be collected by APRIL in the future if a policy is issued (collectively “my/our personal data”), I/we agree and acknowledge that:

- a) providing my/our personal data is necessary for APRIL to process this application and provide insurance coverage. If any such data is not provided, APRIL may not be able to process this application or provide insurance coverage.
- b) my/our personal data will be transferred to Liberty International Insurance Limited (“Liberty International”) and/or other members of the Liberty Mutual Group of Companies (“Liberty Mutual Group”) for all the purposes stated in its privacy policy, available online [here](#).
- c) my/our personal data may be used by APRIL and Liberty Mutual Group for the following obligatory purposes:
 1. to decide whether to issue an insurance policy or to modify an existing policy;
 2. to manage and administer products and services you purchase;
 3. to provide customer service to you and respond to your enquiries;
 4. to compile statistics and to conduct research, insurance surveys and analysis for the purpose of product design and development;
 5. to provide claims service, including assessing, investigating, analysing and paying claims, and to exercise Liberty International’s rights as defined in the policy wording including rights of subrogation;
 6. to carry on our business in areas such as finance and accounting, billing and collections, audits, IT system management, reporting, and obtaining reinsurance;
 7. enabling an actual or proposed assignee of Liberty International to evaluate the transaction intended to be the subject of the assignment;
 8. conducting identity and/or credit checks and/or debt collection;
 9. conducting medical or health reference checks for relevant insurance products;
 10. meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on them or their affiliates; and
 11. complying with the legitimate requests or orders of any court of competent jurisdiction and any regulator or self-regulatory entity including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding APRIL or the Liberty Mutual Group of Companies.
- d) unless I/we have indicated otherwise by ticking the “Marketing Communications Opt-out” box below, my/our contact details (name, address, phone number and e-mail address) may be used:
 1. by APRIL, to contact me/us about other insurance products provided by APRIL and its affiliates; and
 2. by Liberty Mutual Group to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group and/or other financial services providers.
- e) APRIL may transfer my/our personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (c) above:
 1. any affiliate of APRIL (HK);
 2. any Liberty Mutual Group of Companies;
 3. any other company carrying on insurance or reinsurance related business, or an intermediary;
 4. third parties providing services related to the administration of my/our policy (including reinsurers, accountants and data processors);
 5. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
 6. financial institutions for the purpose of processing this application and obtaining policy payments or making claim settlements;
 7. in the event of a claim, loss adjustors, assessors, third party administrators, emergency assistance companies, legal services providers, investigators, retailers, medical providers and medical professionals, and travel carriers;
 8. any person to whom APRIL, Liberty International and/or Liberty Mutual Group is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply, or subject to any order of a court of competent jurisdiction;
 9. any actual or proposed assignee or transferee of the Liberty Mutual Group’s rights in respect of the policy owners;
 10. providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
 11. credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 12. other banking/financial institutions, commercial or charitable organizations with whom APRIL, Liberty International and/or Liberty Mutual Group maintain business referral or other arrangements for marketing communication, or third party marketing service providers and insurance intermediaries, unless you have indicated that you wish to opt-out of receiving marketing communications; and
 13. other parties referred to in APRIL’s Privacy Policy for the purposes stated therein.
- f) I/we may gain access to or request correction of my/our personal data held by APRIL, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Data Privacy Officer of APRIL Hong Kong Limited at 9th Floor, Chinachem Hollywood Centre, 1-13 Hollywood Road, Central, Hong Kong or privacy@april.com.
I/we may gain access to or request correction of my/our personal data held by Liberty International, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Personal Data Privacy Officer of Liberty International Insurance Limited, 13/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. APRIL and Liberty International reserve the right to charge a reasonable fee for access to data.
- g) if I am providing information about another person, such as a family member or employee, I confirm that they have consented to me providing that information to APRIL. If appropriate, I have provided them with this personal information collection statement or the APRIL Privacy Policy.
- h) the full version of APRIL’s Privacy Policy is available to me upon request from the Data Privacy Officer (see (e) above) or can be found at <https://hk.april-international.com/en/hong-kong-privacy-policy>. APRIL may make changes to the privacy policy by posting them at <https://hk.april-international.com/en>.

Please tick this box if you do not wish to receive any marketing communications from APRIL (see d(1) above)

Please tick this box if you do not wish to receive any marketing communications from Liberty Mutual Group or companies with whom it maintains marketing arrangements (see d(2) above).

DECLARATION BY PLAN SPONSOR

IV

You declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. You further declare that you have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. You will notify us immediately if after signing this application and before a policy is issued if you become aware of material facts not disclosed in this form, or if the health of any person to be insured changes such that any answer on this form is not full complete, and true. If a policy is issued to you, this proposal and the statements made herein shall form the basis of the policy between you and Liberty International Insurance Limited (Hong Kong). You understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

DD/MM/YYYY

Authorised Person
Name and Title

Signature of Authorised Person

Date

Underwritten by:

Liberty International Insurance Limited (Hong Kong)

13/F, Berkshire House
25 Westlands Road,
Quarry Bay
Hong Kong

Arranged and administered by:

APRIL Hong Kong Limited

9th Floor, Chinachem Hollywood
1-13 Hollywood Road, Central
Hong Kong

Tel: (+852) 2526 0918 | Fax: (+852) 2526 0769
Email: ops.hk@april.com

