



THINKCARE DECLARATION FORM

Medical History Disregarded Groups

To be completed by the employer (the Plan holder). Please complete this form using CAPITAL LETTERS.

All material facts must be disclosed and failure to do so may invalidate the Group Plan. A material fact is one which is likely to influence the assessment and acceptance of this application. If you are in doubt of a fact being material, you should disclose it. We advise you to keep a record of all information you supply to us in connection with this application.

If, after completing your application form and before the latest of either our written acceptance, payment of premium or Your Start Date/Entry Date, anything occurs which affects the information you provided in this form, such as a change in the state of health of any of Your employees, you must inform us in writing about such change.

Please send your completed application form to us via Your intermediary, or direct to Think Insurtech.
You can also scan and email it to : team@thinkinsurtech.com

EMPLOYER HEALTH DECLARATION

I can confirm that, to the best of my knowledge having made reasonable inquiries and in line with the regulatory framework regarding the data privacy and medical insurance laws of the applicable country, none of the employees or dependents currently eligible to join the Group Medical Insurance Plan have any planned In-Patient Treatment, have not claimed €/\$ 5,000 or more for any one Medical Condition in the last three years or have any on-going Treatment such as for: cancer, heart conditions, psychiatric conditions, congenital conditions, renal failure, knee or back disorders.

DECLARATION AND AUTHORIZATION

I hereby apply for cover on behalf of all the persons named in this application form for a ThinkCare **Group Medical Insurance Plan** as specified above.

I have received and read the Benefit Schedule, Terms and Conditions, Definitions, and Exclusions of this Group Plan. I understand that the Application Form, Group Agreement, Certificate of Insurance, Benefit Schedule, and the Members' Handbook incorporating the Group Plan terms and conditions make up the contract between us and all forms part of the Group Plan Agreement. I am aware that cover shall be provided in accordance with the Agreement.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me to knowingly provide false, incomplete, or misleading facts or information to Think Insurtech for the purpose of defrauding or attempting to defraud Think Insurtech. Penalties may include imprisonment, fines, denial of coverage, loss of premium, loss of Benefits and legal damages.
- I understand that I must notify Think Insurtech of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the Inception Date/Entry Date.
- If I have indicated that I wish to pay by credit card, I authorise Think Insurtech to debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by Think Insurtech until I give written notice that I wish to terminate this Agreement.
- I declare that I have read and understood the following from the general terms & conditions:
 - Cancellation and termination rights
 - Complaints procedures and referral rights to the mediator
 - Law and jurisdiction of the **Group Medical Insurance Plan**
 - Language of the **Group Medical Insurance Plan** and Our service
 - Compensation arrangements
 - Think Insurtech is acting on behalf of AXA Mansard Health limited for the purposes of issuing and administering Group Plans, receiving premiums, and paying claims.



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- I understand that Think Insurtech cannot be liable and therefore will not pay claims if my Group Plan is lapsed should Think Insurtech be unable to collect my premium for whatever reason and I do not provide Think Insurtech with an alternate method of payment within seven days of Think Insurtech requests for alternative methods of payment.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the ThinkCare **Group Plan**.

Signature (Authorised person/Plan Administrator):

Date (dd/mm/yyyy):

Think Care Africa Plans issued by Think Insurtech, are underwritten by Axa Mansard Health Limited registered in Nigeria - RC 487419 – 84b, Ozumba Mbadiwe Street, Victoria Island, Lagos, Nigeria, and medical assistance are insured by Axa Global Healthcare Limited in United Kingdom (n°30339521), with its registered office at 20 Gracechurch Street, London EC3V 0BG United Kingdom and a part of Axa Global.

Plans are only available in Africa

« ThinkCare », « ThinkInsurCare », «Think Insurtech» are trademarks. ThinkCare Africa medical insurance is designed and managed by Think Insurtech – SAS with a capital of €550 000 – RCS Nanterre 910 907 005 – 3 rue Joseph Riviere – 92400 Courbevoie – France – Website: www.thinkinsurtech.com ; www.thinkinsurcare.com. Think Insurtech is a French brokerage company registered under Orias number 22002636 with a Professional liability and financial guarantees in accordance with article L-530-1 and L-5310-2 of the French Insurance Code.