

# EMPLOYER GROUP FORM



## FOR COMPANY – INTERMEDIARY DETAILS

Intermediary company:

Fax number:

Email address:

Contact name:

Official stamp:

Telephone number:

To be completed by the employer (the Planholder). Please complete this form using BLOCK CAPITALS.

A deliberate or reckless misrepresentation by you may lead to us voiding your membership. Where you make a careless misrepresentation, We may void your Group Plan or decline or reduce related claim payments. A misrepresentation is an untrue statement of fact relied on by one party, in this case us, in establishing the terms of a contract (Your Group Plan). You should ensure that you complete your application carefully, accurately and fairly. If you are unsure on any matter, you should contact us.

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 Inception 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 tell us in writing about the change.

We reserve the right to decline or accept your application or to accept your application form with special terms.

Please send your completed application form and submit it along with your incorporation certificate (trade license) to us via your intermediary, or direct to Think Insurcare by scan and email to : [team@thinkinsurtech.com](mailto:team@thinkinsurtech.com)

## INCEPTION DATE

Cover cannot start until you have accepted all of our terms and conditions following our receipt of this application form and we have received the correct premium. you can apply for cover to start at a future date within 60 days of completion of this application form.

The date the Group Plan will start from (dd/mm/yyyy):        /        /

## COMPANY DETAILS

Company name :

Company address :

Company registration number :

Other countries where You do business/have operations :

Company website address :

Type of business :

Is the Company, any party connected to the Company or any employees, their family members or close associates, a politically exposed person? Is any party connected to the Company, any employees, their family members or close associates, a politically exposed person?

YES ☐ NO ☐

Are all directors included in Your intended membership? (If not, please list all additional directors)

YES ☐ NO ☐

Are all Ultimate Beneficial Owners of the Company included in the intended membership? (If not please list all Ultimate Beneficial Owners) (natural persons owning more than 5%):

YES ☐ NO ☐

## COMPANY PLAN ADMINISTRATOR DETAILS

First name(s):

Surname(s):

Job title:

Address (if different from above):

Telephone:

Mobile phone:

Email address:

## DOCUMENT DELIVERY SETTINGS

- You can use Henner secure online portfolio to view and download Plan documents, including your Certificate of Insurance.
- You can use Henner secure online portfolio to download Your virtual membership card.
- Add Your membership card to Your smartphone wallet with Henner mobile app.

## GROUP PLAN & OPTIONS

For detailed information about the Group Plan choices available, please refer to Think Care Benefit Schedule. Please indicate your Group Plan choice, deductible, and any additional options.

### Select your Area of cover

☐ Zone 1\* ☐ Zone 2\* ☐ Zone 3\*

### Area of coverage:

**Zone 1 Africa** Indian Sub-continent: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Cameroon, Central African Republic, (CAR), Chad, Comoros, Congo, Democratic Republic of the Congo, Republic of the Ivory Coast, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini (formerly Swaziland), Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe, Philippines, India, Pakistan, Bangladesh, Kazakhstan, Lebanon, Jordan.

**Zone 2 Europe:** Russia, Ukraine, France, Spain, Sweden, Norway, Germany, Finland, Poland, Italy, Romania, Belarus, Greece, Bulgaria, Iceland, Hungary, Portugal, Austria, Czechia, Serbia, Ireland, Lithuania, Latvia, Croatia, Bosnia and Herzegovina, Slovakia, Estonia, Denmark, Netherlands, Moldova, Belgium, Armenia, Albania, North Macedonia, Turkey, Slovenia, Montenegro, Kosovo, Azerbaijan, Cyprus, Luxembourg, Georgia, Andorra, Malta, Liechtenstein, San Marino, Monaco, Vatican City.

**Zone 3 Worldwide excl. USA:** Rest of the world including Zone 1 & 2 and UAE, United Kingdom, Switzerland, China, Hong-Kong, Singapore, Japan & Canada.

### Select your Plan



ThinkCare  
Major Risk



ThinkCare  
Major Risk +



ThinkCare  
Secure



ThinkCare  
Comprehensive



ThinkCare  
Comprehensive +

### Select your Currency

☐ EURO ☐ USD ☐ TOP UP CFE EURO

## COMPANY PLAN ADMINISTRATOR DETAILS

OPTIONALS	THINKCARE MAJOR RISK	THINKCARE MAJOR RISK +	THINK CARE SECURE	THINKCARE COMPREHENSIVE	THINKCARE COMPREHENSIVE +
€/ \$ 1,000 Annual deductible		N/A	N/A	N/A	N/A
€/ \$ 2,500 Annual deductible		N/A	N/A	N/A	N/A
€/ \$ 5,000 Annual deductible		N/A	N/A	N/A	N/A
10% Co-Insurance Outpatient Treatment	N/A				
20% Co-Insurance Outpatient Treatment	N/A				
Maternity package	N/A	N/A	N/A	N/A	

## METHOD & PAYMENT DETAILS

This section does not need to be completed if you are applying as part of a group scheme and your employer is paying the premium.  
No payment should be made until you have been notified of group policy number.

### Payment currency

Please Select currency of payment

☐ EURO ☐ USD

### Payment frequency and method

Payments are subject to the following administration surcharges: 0% for annual payment, 2% for half-yearly payments, 3% for quarterly payments and 5% for monthly payments.

Please tick to indicate your preferred payment frequency and method:

	Annual	Half-yearly	Quarterly	Monthly
Direct Debit* (SEPA payment in euro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank transfer	<input type="checkbox"/>	<input type="checkbox"/>	Not available	Not available

\*If you choose to pay by Direct Debit, please complete and submit the relevant Direct Debit Mandate available from:

Please note that if you are a member of a group scheme and wish to pay by Direct Debit, the monthly payment frequency option must be selected.

## GROUP PLAN UNDERWRITING & CENSUS LIST EMPLOYEES & DEPENDENTS

☐ Full Medical Underwriting (FMU) application  
subject to acceptance on medical questionnaire

☐ Medical History Disregarded (MHD) without medical  
questionnaire & with a medical declaration from  
the company

Full Medical Underwriting (FMU) is the process where the underwriters assess the declared details in deciding if any special terms apply. For FMU, all members (Employees and eligible dependents are required to complete a ThinkCare application form for group (FMU) employees and send it to Think Insurtech.

Medical History Disregarded (MHD) is when we may be able to cover your employees without asking detailed questions about their medical history up front. MHD is available for compulsory groups of 10 or more employees.

We need full details of the following membership list on an Excel sheet for each person to be covered on the plan and to be sent along with the corporate form and the KYC form.

01. First name(s)
02. Surname
03. Gender
04. Date of birth (dd/mm/yyyy)
05. Occupation
06. Employee category
07. Effective date – first day of cover (dd/mm/yyyy)
08. Country of residence
09. Nationality
10. Email address
11. Cell phone number
12. Relationship to primary insured member
13. Dependents to be included
14. Start date of employment (employees only)

If you plan to categorize benefits based on the job position, you can provide details if the group has more than five employees.

For dependents aged between 18 to 26, we may require written confirmation from their place of study that they are in a full-time education.

If we have accepted the Group Plan on the basis that it is a compulsory group and subsequently find out that the Group Plan is on a voluntary basis, We reserve the right to adjust the premium.

Quotations are valid for 30 days subject to the above details remaining the same and are issued in accordance with ThinkCare General Conditions and exclusions.

The premiums quoted have been calculated based on each person's age at the date of the quotation. Premiums may be subject to change if the age of any person increases prior to the actual Start Date of Your ThinkCare International Plan. Cover cannot start until You have accepted all of Our terms and conditions following Our receipt of this application form and We have received the correct premium.

## DATA CONSENT

By signing and returning this form you indicate that you have authority to give consent on behalf of your family members covered by this plan (if applicable) and that you consent, for yourself and on their behalf, to the use of personal information as set out below.

Your policy application is insured by Axa Mansard, a subsidiary of Axa Global. We are eligible to collect information about you and your insured family members who are covered by this plan from you and/or them, your/their healthcare providers, your insurance intermediary or broker if you have one and third-party suppliers of information.

We process your/their information mainly for managing your/their membership and claims, including investigating fraud. We also have a legal obligation to take actions such as report suspected crime to law enforcement agencies. We also are due to some data processing to improve our business approach in terms of research, finding out more about you, statistical analysis impacting our marketing and pricing tool approach.

We may disclose the information to a third party or organisations in order to:

- Manage your/their claims, e.g. to deal with their doctors;
- Facilitate the provision of benefits or otherwise manage your policy with your insurance intermediary or broker;
- Help us prevent and detect crime and medical malpractice by interacting to other insurers and relevant agencies,

In order to manage your policy, we may transfer and access your and your dependents' data from countries around the world. Before proceeding, we will ensure that your data is strictly protected and disclosed only to authorised individuals for servicing your policy or claims. Any internal transfer of your data will be undertaken only in accordance with the relevant data protection laws and regulations.

We want to reassure you that we will never sell personal member information to third parties. We will only use your information in strict compliance with data protection laws and regulation, with limiting our data to only collecting the minimum information needed.

You have a right to withdraw your consent, but in such a case, we may not be able to process claims or manage your plan properly.

We are also committed to inform you if a data breach occurs and if your personal and medical data is disclosed to unauthorised parties. The notification will be provided within 72 hours of the confirmation of the incident.

In some cases, you are also eligible to request from us to stop processing your data or to instruct us that you don't want to receive certain information from us, such as marketing communications. You can also request a copy of the data in our custody and correct any information that may appear to be wrong.

Please note: You are advised to keep a record of all your information supplied related with your application, including any letter or correspondence in connection with it. If you wish to have a copy of this application, please let us know within a period of 90 days. After completing this application form and signing the Declaration, please return it to: [team@thinkinsurtech.com](mailto:team@thinkinsurtech.com)

## YOUR SIGNATURE AND DECLARATION

a) I declare that:

- to the best of my knowledge and belief the statements on this application form are full, true and correct.
- I shall read the policy document when received and that I agree to be bound by it unless I cancel the enrolment within 14 days of acceptance of my application.

b) I agree that the acceptance of my application shall be based on these statements

c) I understand that if there are changes in the information I have given before the start date of my/our policy, I must inform you in writing immediately.

d) I understand that once the policy has started, you will not pay for treatment of any medical condition (or related medical condition) which the applicant(s) already had when they joined unless fully disclosed on this application and accepted by you. This includes any such medical condition(s) or symptoms, whether being treated and any previous medical condition(s) which recurs, or which I/We should reasonably have known about it even if I/We had not consulted a doctor.

e) I understand that as the legal holder of this insurance policy, all correspondence about this application, including claims correspondence, will be sent to me unless I write to tell you otherwise. I also understand that policy documents, written communications and membership details will be issued in English or French unless you and I have specifically agreed, in writing, to communicate in a different language.

f) I understand that some countries require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements and that the cover provided by you may not meet this country specific requirements and therefore additional cover may be necessary. I further understand that in some situations there may be consequences in the form of tax penalties or otherwise where a resident does not hold the required local cover in addition to their international medical insurance policy. If I have any concerns about any additional cover requirements in my principal country of residence (as defined in Section 1 Your Personal details), I understand that it will be my responsibility to check with the local authorities to determine whether there are any further healthcare requirements with which I am expected to comply.

g) By signing and returning this form I confirm that the declarations set out in this application are correct and that I have the authority to sign

h) I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Think Insurtech Employee benefits agreement.

**Signature (AUTHORISED PERSON/PLAN ADMINISTRATOR):**

**Date (dd/mm/yyyy):**

« 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](http://www.thinkinsurtech.com); [www.thinkinsurcare.com](http://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. Medical benefits are covered by Axa Mansard Health Limited registered in Nigeria – RC 487419 – 84b, Ozumba Mbadiwe Street, Victoria Island, Lagos, Nigeria, as well as medical assistance, are insured altogether 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.