

APPLICATION FORM

PALLASHEALTH

www.april-international.com

NAVIGATOR
Insurance Brokers Ltd.

Tel (852) 2530 2530
Fax (852) 2530 2535
crew@navigator-insurance.com
www.navigator-insurance.com

Unit 8E Golden Sun Centre
59-67 Bonham Strand West
Sheung Wan, Hong Kong

Please print only if necessary



POLICY START DATE

DD/MM/YYYY
 ___/___/_____

POLICYHOLDER DETAILS

First Name (s):

Family Name:

Gender Male Female

Date of Birth DD/MM/YYYY
 ___/___/_____

POLICYHOLDER RESIDENTIAL ADDRESS

Address:

Postal Code:

City:

Country:

Telephone:

Fax:

POLICYHOLDER CORRESPONDENCE ADDRESS (IF DIFFERENT FROM ABOVE)

Address:

Postal Code:

City:

Country:

Telephone:

Fax:

ONLINE PALLASHEALTH ACCOUNT

Email:

Important: this email will be used to register your secure APRIL online account and to email Explanation of Benefits (EOB) relating to the policyholder and persons insured under this policy. This may include sensitive medical information. Would you like your insurance intermediary to have access to your policy details and claims transactions through their online account? Yes No

Do you authorize us to discuss and/or share claims and medical information with your insurance intermediary? Yes No

DEPENDANT DETAILS

I would like the following people to be covered under my PallasHEALTH policy (use separate sheet if necessary)

First Name (s):

Family Name:

Gender Male Female

Date of Birth DD / MM / YYYY
-- / -- / -----

First Name (s):

Family Name:

Gender Male Female

Date of Birth DD / MM / YYYY
-- / -- / -----

First Name (s):

Family Name:

Gender Male Female

Date of Birth DD / MM / YYYY
-- / -- / -----

CHOOSE YOUR COVER

Choose your area of cover

Worldwide
Worldwide excluding *North America
and the Caribbean*

Choose Your Annual Deductible

The annual deductible does not apply to Maternity Benefit or Dental & Optical Benefits

Nil
US\$500
US\$1,500
US\$5,000

Select any Combination of Modules

Module I - Core Module, *Hospital and Surgery*, including evacuation and repatriation
Module II - Outpatient Benefits
Module III - Maternity Benefits
Module IV - Dental & Optical Benefits

POLICY START DATE

On acceptance

Another date: DD / MM / YYYY
-- / -- / -----

Important: This application is valid for 14 calendar days from date of application signature to date of receipt by APRIL.

PREMIUM PAYMENT (MORE OPTIONS CONTINUED OVERLEAF)

Cheque or Bank Draft HKD USD

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 policyholder's name, policy number and debit note number on the back of the cheque.

Bank Transfer

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
Recipient Bank: The Bank of East Asia Limited
Account No.: 015-521-40-400295-3 BEASHKHH
Swift Code:

US Dollar (USD) Account

Beneficiary Bank

Account Holder: APRIL Hong Kong Limited
Recipient Bank: The Bank of East Asia Limited
Account No.: 015-521-50-00132-1
Swift Code: BEASHKHH

Intermediary Bank

ABA No.: 026009593
Recipient Bank: Bank of America N.A., New York
Account Number: 6550-4-90452
IBAN.: USA CHIPS UID 009953
Swift Code: B0FAUS3N

- Note:
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 the bank remittance advice or instruction slip with your Policy Number to APRIL for our accounting records and to issue an Official Receipt.

Credit Card VISA MasterCard (Note: no other type of credit cards are accepted)

In which currency do you wish to pay your premiums? HKD USD

If paying in HKD, the conversion rate of USD1 to HKD7.8 will be used. If you do not specify the currency, we will automatically default to the currency stated on the debit note as the currency of payment.

Cardholder's Name:

Card No.:

Expiry Date: DD/MM/YYYY
--/--

Issuing Bank:

I/we, the undersigned, authorise APRIL Hong Kong Limited to charge my credit card for premiums due, unless I advise otherwise in writing.

Date: DD/MM/YYYY
--/--

- Note:
1. The actual processed deduction by the credit card centre will be considered as valid payment.
 2. All other charges related to credit card payment will be born by the cardholder

Automatic Credit Card Billing for Future Renewals

To use this option, your credit card must be valid for at least 15 months.

I authorise APRIL Hong Kong Limited, to charge this credit card in respect of renewal premiums as and when these become due, unless I advise otherwise in writing prior to the premium due date or renewal date. APRIL Hong Kong Limited will inform us in advance of any premium adjustments to my policy. Yes No

DECLARATION

I declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. I further declare that I have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. I will notify APRIL Hong Kong Limited immediately if after signing this application and before a policy is issued if I 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 me, this proposal and the statements made herein shall form the basis of the policy between me/us and Liberty International Insurance Limited. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

Name & Title

Signature

DD/MM/YYYY

Date

PALLASHEALTH

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 at www.liuhongkong.com.hk/footer/privacy-policy.
- (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 GlobalHealth'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 9/F 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 DCH Commercial Centre, 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 <http://en.aprilinternational.com/general-terms-of-use/hong-kong-privacy-statement>. APRIL may make changes to the privacy policy by posting them at <http://en.aprilinternational.com>.

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).

Underwritten by:

Liberty International Insurance Limited (Hong Kong)
13th Floor, Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

Arranged and administered by:

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

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Unit 8E Golden Sun Centre
59-67 Bonham Strand West
Sheung Wan, Hong Kong



SUBMIT YOUR APPLICATION

SUBMIT ELECTRONICALLY



Click SUBMIT if want your default email program to send this document to us.



Alternatively, save this file and send it to ops.hk@april.com

OR

PRINT, SIGN, EMAIL



Send the scanned copy to ops.hk@april.com



Mail to APRIL
9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central
Hong Kong