policy application
corporate

Pallas GlobalHealth

NAVIGATOR Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

Policy Start Date

We would like our Pallas GlobalHealth policy to start on (ddmmyy)

Proposer

Company Name:

Proposer Location and Contact Details

Company Address:

Postal Code: City:

Country:

Telephone: Fax:

Correspondence Address (if different from company address):

Address:

Postal Code: City:

Country:

Telephone: Fax:

Persons to be Insured (census may be attached separately if preferred)

Name (last, first, middle):

Please note that unless otherwise stated each person to be insured must complete a Medical Questionnaire.

Online Access

I would like to register the following email address with GlobalHealth so that I may access my policy details online at www.pallasglobalhealth.com

Email:

I would like my insurance intermediary to have access to my policy details through their online account ☐ Yes ☐ No

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Liberty Insurance
Member of Liberty Mutual Group

GlobalHealth®

Choose Your Cover

Choose Your Area of Cover

- ☐ Worldwide
- ☐ Worldwide excluding *North America and the Caribbean*

Choose Your Deductible

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, Hospitalisation & Out-patient Surgery, including evacuation and repatriation
- ☐ Module II - Outpatient Benefits
- ☐ Module III - Maternity Benefits
- ☐ Module IV - Dental & Optical Benefits

Premium Payment

☐ **Cheques/ Banker's Drafts** US$ ☐ HK$ ☐

Cheques should be drawn on a Hong Kong or United States clearing bank and made payable to "GlobalHealth Asia Limited"

☐ **Bank Transfer**

For direct premium remittances, please send full payment (inclusive of all bank charges) to:

Intermediary Bank

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

Beneficiary Bank

Bank:	The Bank of East Asia, Limited. Hong Kong
Account Holder:	GlobalHealth Asia Limited
Account No.:	015-521-50-00132-1 (US$ Account)
Swift Address:	BEASHKHH (SWIFT MT103)

Note: 1. All bank charges will be borne by the remitter
2. Please indicate your Policy 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 GlobalHealth for our accounting records and to issue an Official Receipt.

☐ **Company Credit Card (personal credit cards not accepted unless authorised)**

I/we, the undersigned, authorise you to charge the following credit card for payment of Pallas GlobalHealth insurance premiums:

Visa ☐ MasterCard ☐

US$ ☐ HK$ ☐

Card No.: _____ Expiry Date (mmyy): _____

Issuing Bank: _____

Card Holder's Name: _____

I also authorise GlobalHealth Asia Limited, until further notice in writing, to charge this credit card with unspecified amounts in respect of annual premium payments as and when these become due. GlobalHealth Asia Limited will inform us in advance of any premium adjustments.

Do you wish to opt for automatic credit card billing for future renewals? ☐ Yes ☐ No

Signature _____ Date _____

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GlobalHealth

We will cover *you* on Standard Terms if *you* are of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, *Illness*, *Injury*, bodily infirmity or physical or mental disability, and *you* must not have attained 61 (sixty-one) years of age at the time of acceptance. If these conditions are not met and *you* have not attained 80 (eighty) years of age at the time of acceptance, *we* may offer *you* cover on special terms. If *we* decide to offer the cover on special terms, *you* will receive an endorsement in which these terms are stated.

Declaration

I acknowledge that presentation of this form does not entitle me or anyone else to cover under this, or any other insurance product or service provided by Liberty International Insurance Limited (Hong Kong) and or its representative GlobalHealth Asia Limited. I also acknowledge that the decision as to whether I will be offered cover under this, or any other insurance product or service provided by Liberty International Insurance Limited (Hong Kong) and or its representative GlobalHealth Asia Limited, remains entirely at Liberty International Insurance Limited (Hong Kong) and or its representative GlobalHealth Asia Limited absolute discretion at all times.

Cashless Out-patient Facility: (Applicable only to nil *deductible* policies with Module II - Out-patient Benefits selected) I/We authorise GlobalHealth Asia Limited to release the names, dates of birth, sex, passport and/or identification number, any information provided on the Application and any records GlobalHealth Asia Limited may have regarding the insured person(s) shown on the *namelist* to *hospitals*, clinics, laboratories, physicians, specialists, *dentists*, chiropractors, acupuncturists, physiotherapists, or other medical practitioners for the purpose of providing direct bill paying services for the insured person(s). By signing this declaration, I/We also acknowledge the specific Policy term listed below:

Right of Recovery: In the event of authorisation of payment and/or payment is made by Liberty International Insurance Limited (Hong Kong) for a claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, Liberty International Insurance Limited (Hong Kong) reserves the right to recover the said sum or excess from *you*.

This recovery includes but is not limited to deducting the payments owed from other claims made by *you* during the Policy period. If the amount owed remains outstanding for more than 90 days, then GlobalHealth Asia Limited reserves the right to suspend the direct billing service to *you* without further notice.

Name and Title	Signature	Date

Please send completed form to

GlobalHealth Asia Limited
Suite 1401-3, Chinachem Hollywood Centre, 1-13 Hollywood Road, Hong Kong, SAR.
Telephone: (852) 2526-0918 Facsimile: (852) 2526-0769 Email: hkpallas@globalhealthasia.com
Web: www.pallasglobalhealth.com

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Producer Name: _____

Email: _____ Contact Number: _____

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