Group Application Form

MyHEALTH Business & YourHEALTH Benefits

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Liberty Insurance™

april International
INSURANCE MADE EASY

1. PLAN SPONSOR DETAILS

IMPORTANT NOTICE

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 : DD / MM / YYYY

COMPANY DETAILS

Company Name : _____

Subsidiary Company Name(s): _____

_____

Type of Business/Industry: _____

Company Address : _____

_____

Postal Code : _____ Country : _____

Telephone : _____

PLAN ADMINISTRATOR DETAILS

First Name : _____ Family Name : _____

Job Title : _____

Tel. : _____ Email : _____

INTERMEDIARY DETAILS (for intermediary only)

Intermediary Name : _____

Company Name : _____

Telephone : _____

Email : _____

Or Stamp Above :

1. PLAN SPONSOR DETAILS - CONTINUED

GROUP ELIGIBILITY - EMPLOYEES

Employee enrolment requirement : Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.	◯ Compulsory ◯ Voluntary (Please provide details)
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 provide details) ◯ No

UNDERWRITING BASIS AT ENTRY

◯ Full Medical Underwriting ◯ Moratorium ◯ Medical History Disregarded ◯ CPME

GROUP ELIGIBILITY - DEPENDANTS

Are dependants eligible for coverage? Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.	◯ Yes (Please complete Dependant Enrolment Basis below) ◯ No
Spouse Enrolment Basis	◯ Compulsory ◯ Voluntary (Please provide details)
Children Enrolment Basis	◯ Compulsory ◯ Voluntary (Please provide details)

ONLINE ACCESS

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

2. PAYMENT METHODS

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 policyholder'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 | 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 :	HSBCHKHHHKH
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 :	HSBCHKHHHKH
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 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.

3. ACKNOWLEDGEMENT & PERSONAL DATA (PRIVACY) ORDINANCE (Cap. 486)

PERSONAL DATA PROTECTION STATEMENT

I, as a corporate policyholder acting on behalf of my employees or other individuals who will be insured ("members"), give consent to Liberty International Insurance Limited and third-parties including related entities, employees, agents, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished via any means in the past, present & in the future, for one or more of the purposes described in **Liberty Insurance Personal Information Collection Statement**, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing policies, communications, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. If there is any personal data relating not to myself but to the members or other individuals that I have furnished via any means in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty International Insurance Limited and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

☐ Please tick this box if you do not wish to receive any marketing communications from APRIL.

☐ 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.

CUSTOMER DECLARATIONS

1. I, as a corporate policyholder acting on behalf of the members, hereby confirm this declaration is correct and consent to disclose personal data to APRIL and the insurer.
2. I have read and agree to the **Levy** & Commission Disclosure Statement.
3. I acknowledge that I have made my own independent decision in applying for the product selected with the premium information and key product features informed by APRIL or my intermediary. I confirm that the relevant insurance product features are suitable for my needs as well as the member's needs, and the premiums are affordable.
4. I (and the members) have read, understand, and consent to **Liberty Insurance Personal Information Collection Statement** and **APRIL Hong Kong Limited Privacy Notice**.
5. I (and the members) have read, understand, and agree to the **Brochure**, **Policy Terms and Conditions**, **Benefits Schedule**, and these **Statements & Authorizations**.

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. 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. In the event that the provided information is not true or complete, I understand and further agree that the premium could be changed; the insurance contract could be declared void; or the insurance company is entitled to deny its responsibility for any material misrepresentation of non-disclosure. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

SIGNATURE OF AUTHORISED PERSON	Authorised Person Name : _____ Title : _____ Date : _____

Underwritten by:

Liberty International Insurance Limited (Hong Kong)
Suites 2601-04 & 2613-16, 26/F
1111 King's Road, Taikoo Shing
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
Email: ops.hk@april.com

MH HK 2024/12

Liberty Insurance™

April International