

## Globi Insurance

### The policy holder

First Name: ..... Last name: .....  
Date of Birth (dd/mm/yyyy): ..... Gender: M  F   
Nationality: .....

### Correspondence address in the country of origin

Address: .....  
.....  
Postal code + City: ..... Country: .....  
Telephone: ..... Mobile: .....  
E-mail address: .....

### Personal particulars of the insured persons

1. First Name: ..... Last Name: .....  
Date of Birth (dd/mm/yyyy): ..... Gender: M  F  Nationality:.....
2. First Name: ..... Last Name: .....  
Date of Birth (dd/mm/yyyy): ..... Gender: M  F  Nationality:.....
3. First Name: ..... Last Name: .....  
Date of Birth (dd/mm/yyyy): ..... Gender: M  F  Nationality:.....
4. First Name: ..... Last Name: .....  
Date of Birth (dd/mm/yyyy): ..... Gender: M  F  Nationality:.....

### Correspondence address in the country of destination

Address: .....  
Postal Code + City: ..... Country: .....  
Telephone: ..... E-mail address: .....

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**Period of cover**

**Departure date** (dd/mm/yyyy): ..... **Return date** (dd/mm/yyyy): .....

Are you currently receiving, or have you received, medical treatment in the last 6 months ?

Yes  No If yes, for which reason? .....

**Please note:** pre-existing diseases are not covered in the Globi Insurance.

**Payment Fraction:**     Annual             Semi-Annual             Quarterly  
I choose:            • Comprehensive version  Full Cover(\*)             Top Up health fund(\*\*)  
or:                    • Basic version             Full Cover(\*)             Top Up health fund(\*\*)

(\*) Full Cover: reimbursement of treatment costs starting from the 1st €

(\*\*) Top Up health fund: reimbursement of treatment cost after intervention of a European health fund (please add proof)

(\*\*\*) Already included in the Comprehensive version. +0,16 €/day for the Basic version

and:  USA/Canada cover (premium x 2)  
 Option 1 Travel Cancellation insurance  
 Option 2 Under water sports, winter sports, speleology (\*\*\*)  
insurance: insured sum €            .000, for nr. of insured persons:

Agency:

**Important Notice**

**Legal Clauses**

- This insurance is designed to cover expenses incurred due to accidents/damage occurring and/or illness manifesting itself during the period of insurance. Full details of all the terms, conditions, limitations and exclusions are detailed in the policy conditions, which will be issued following acceptance of your application by the insurer. If, however, you wish to review the policy prior to completing the application form, a copy is available free of charge from your insurance broker or on the website [www.expatinsurance.eu](http://www.expatinsurance.eu).
- The completion of this application form shall not bind you or the insurer to accept the insurance applied for. The insurer reserves the right to apply special terms or decline any application. A copy of your completed application form is available on request from your insurance broker. You are, however, advised to retain a copy of all information available supplied.
- **Material facts** - You must disclose all material facts (a material fact is a fact likely to influence the insurer in the acceptance or assessment of your application). Failure to disclose all material facts may invalidate your policy. If you are in any doubt as to whether a fact is material or not, you should, for your own protection, disclose it.

**Protection of privacy**

The personal data submitted to the underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse. Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion. All involved persons have the right to glance into their particulars, to have them corrected if necessary, to have their personal information erased within the scope of valid legislation, to transfer their personal data and to object to the processing of their personal data. (learn more: [www.expatinsurance.eu/en/privacy-cookies-and-gdpr](http://www.expatinsurance.eu/en/privacy-cookies-and-gdpr))

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**DECLARATION**

1. I declare that I have answered all the questions truthfully and to the best of my knowledge. If this form has been completed on my behalf, I agree that I have satisfied myself as to the truthfulness of the responses given. I understand that any incorrect or incomplete answer or the concealment of any facts relevant to this insurance may invalidate this policy. I also understand that the insurer shall be entitled to retain all premiums paid prior to the insurance year by virtue of a breach of this declaration.
2. I am also aware that I have a legal obligation to notify the insurer of any fact material to this insurance, which arises between the date of this declaration and the inception of the policy.
3. I understand and accept that insured benefits will not be payable to any insured person in respect of any pre-existing condition, as long the group of insured employees is < 10 persons.
4. I am aware that this plan is designed to cater for globally mobile persons. As such, it does not meet all the requirements for compulsory local health insurance, including US and UAE. It is my full responsibility to seek legal advice as to whether and how these requirements would apply to me/us.
5. I agree to accept the Insurer's standard form of policy for this type of insurance and have read the IMPORTANT NOTICE.

- I declare I have read and understood the general insurance conditions.
- I declare I have read the privacy policy ([www.expatisurance.eu/en/privacy-cookies-and-gdpr](http://www.expatisurance.eu/en/privacy-cookies-and-gdpr)) and consent to having my personal data processed accordingly.

Signature Applicant: .....

City (in Europe): ..... Date: .....

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