WorldCare Declaration form: Medical History Disregarded (MHD) Groups

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 Start 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.

Please send **Your** completed application form to **Us** via **Your** intermediary, or direct to Now Health International (Asia Pacific) Limited, Units 1501-3, 15/F, AIA Tower, 183 Electric Road, North Point, Hong Kong. **You** can also scan and email it to AsiaPacSales@now-health.com or fax it to +852 2279 7320.

Section 1 – Health Declaration

I can confirm that to the best of my knowledge having made reasonable inquiries, none of the employees or dependants currently eligible to join the **Group Plan** have any planned **In-Patient Treatment** or have any on-going **Treatment** for; cancer, heart conditions, psychiatric conditions, congenital conditions, renal failure, knee or back disorders or are currently pregnant.

Section 2 – Declaration and authorisation

I hereby apply for cover on behalf of all the persons named in this application form for a Now Health International **Group Plan** as specified above.

I have received and read the **Benefit Schedule**, Terms and Conditions, Definitions, **Benefits** and exclusions of this **Group Plan**. I understand that the Application Form, **Group Agreemen**t, **Certificate of Insurance**, **Benefit Schedule** and the Members' Handbook incorporating the **Group Plan** terms and conditions make up the contract between **Us** and all form part of the **Group Plan Agreement**. I am aware that cover shall be provided in accordance with the **Agreement**.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me to knowingly provide false, incomplete or misleading facts or information to Now Health International for the purpose of defrauding or attempting to defraud Now Health International. Penalties may include imprisonment, fines, denial of coverage, loss of premium, loss of **Benefits** and legal damages.
- I understand that I must notify Now Health International (Asia Pacific) Limited of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the **Start Date/Entry Date**.
- I declare that I have read and understood the following from the members' handbook and **Group Agreement**:
  - Cancellation and termination rights
  - Complaints procedures
  - Law and jurisdiction of the **Group Plan**
  - Language of the **Group Plan** and **Our** service
  - Now Health International (Asia Pacific) Limited is acting on behalf of AXA General Insurance Hong Kong Limited for the purposes of issuing and administering **Group Plans**, receiving premiums and paying claims.
- I understand that Now Health International cannot be liable and therefore will not pay claims if my **Group Plan** is lapsed should Now Health International be unable to collect my premium for whatever reason and I do not provide Now Health International with an alternate method of payment within seven days of Now Health International requests for alternative methods of payment.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Now Health International **Group Plan**.

Signature (Authorised person/Plan Administrator): **Date** (dd/mm/yyyy)**:**

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Plans issued in Hong Kong are underwritten by AXA General Insurance Hong Kong Limited and arranged by Now Health International (Asia Pacific) Limited.

Registered address: Units 1501-3, 15/F, AIA Tower, 183 Electric Road, North Point, Hong Kong.
Insurance Agent Registration Number: 10974559.

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