

TAKEOVER APPLICATION FORM

In order to apply for Takeover provisions to transfer from your existing medical insurance policy to a Global Medical Insurance plan, you must:

1. Complete a Global Medical Insurance Application Form *(Note: not available for the Global Platinum plan option)*
2. Complete this Takeover Application Form *(Note: there must be no break in coverage between your existing provider to Global Medical Insurance)*
3. Submit 1 and 2 along with a copy of your current policy schedule and renewal notice, and return these to IMG for consideration

SECTION 1. Please complete for all Family Members applying for coverage						
NAME Please print your name below	HEIGHT	WEIGHT	DATE OF BIRTH <i>mo./day/yr.</i>	COUNTRY OF CITIZENSHIP	GOVERNMENT ISSUED ID NUMBER	
A. APPLICANT (LAST, FIRST, MIDDLE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
B. SPOUSE (LAST, FIRST, MIDDLE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
C. FIRST CHILD (BELOW AGE 19 - LAST, FIRST, MIDDLE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
D. SECOND CHILD (BELOW AGE 19 - LAST, FIRST, MIDDLE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
E. THIRD CHILD (BELOW AGE 19 - LAST, FIRST, MIDDLE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						

SECTION 2. Your existing plan <i>(Please attach current policy schedule and your renewal notice)</i>			
Current Insurance Plan Name:		Level of Coverage/Sub Plan:	
Area of Coverage:	Original Effective Date:	Deductible:	Payment Frequency:
Do you or any person applying for coverage under Global Medical Insurance have any medical conditions that are specifically listed and excluded from coverage under your existing plan?			<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, please complete the below.</i>
Family Member <i>(use letters from Section 1)</i>	Condition(s)/ Exclusion(s) applied to existing plan		

Takeover with credit toward all waiting periods, including Pre-existing Coverage
Where the same or substantially similar sections of coverage exist under your previous medical insurance plan and the Global Medical Insurance plan, the period you were insured with your previous plan will be credited toward the waiting periods under the corresponding sections of your Global Medical Insurance plan <i>(not including credit for Maternity coverage).</i>
Credit will also be given for the period of time you were insured with your previous plan toward the 24 month wait period in respect of coverage for declared and accepted Pre-existing Medical Conditions <i>(up to the sub-limits).</i>

AUTHORIZATION
I apply on my behalf and on behalf of all those listed above for Takeover terms to be considered by IMG. This Takeover Application Form attaches to and forms part of any Global Medical Insurance coverage issued. I also enclose current policy schedule and renewal notice. Coverage is not effective until this Application Form has been accepted and approved in writing. Acceptance is not guaranteed.
<input type="checkbox"/> I understand and agree that my electronic signatures shall constitute the authorized signature of the applicant for this insurance program and that this authorization is required to complete the insurance application process.
Signed: _____ Date <i>(Day, Mo., Yr.):</i> _____
<i>(This form must be completed and signed by the Policyholder for and on behalf of all Applicants)</i>