

Questionnaire for the drawing up and technical implementation of a group insurance policy

Thank you for choosing Foyer Global Health.

Please fill out the following questionnaire and return it to us. This will help us to draw up your insurance policy as soon as possible and forward it to you. We have already filled in the information at our disposal. Please check the accuracy of the information provided and notify us if any modifications are needed. You will receive your group insurance policy immediately afterwards as PDF file by e-mail. Please return two duly signed originals to us. As soon as they have been signed by Foyer Global Health, we will send you one copy by post.

1. Information on the policyholder (= group insurance contractual partner)

Name and address of the company

Contact person for the group insurance policy: telephone, fax, e-mail address

Address for correspondence (address for the transmission of contribution statements for the insured if different from the above mentioned address (e.g. agent's address))

2. Information on the policy

Chosen health plans / target areas

Transmission of accession declarations

to the policyholder

directly to Foyer Global Health

Transmission of insurance-related documents, standard policy conditions, member card and other correspondence (e.g. amendments to the contract)

to the insured persons

to the policyholder for onward transfer to the insured persons (exception: correspondence relating to insured persons' health data)

to other authorised persons (e.g. agent) for onward transfer

The premium payer is

the employer

the employee

If premium payer = employer: premium is paid

by direct debit

by bank transfer

Please indicate insured persons' countries of residence (ISO-3 country code) and (estimated) number of insured persons per country of residence in order to implement the assistance concept and for information purposes for involved service centres.

For access to the restricted area of the internet, please indicate name(s) and e-mail address(es) of authorised persons

Contract start date

Signatory of the contract (name of the signatory)

3. Information on the broker

Name (if applicable company name), address, telephone number and e-mail address of the agent

Agent number / agency number

If you have any questions or need further information, please do not hesitate to contact Mr Kay Seeger (Sales Manager International Health).

Thank you!