

## Assessment of Demands and Needs – prospective group clients

To be completed by prospective client or on behalf of prospective client:

As part of the EU Insurance Distribution Directive (IDD) we are required to document our personal advice to you based on your wishes and needs. If you wish, you may waive this right before the conclusion of the contract.

- For this contract, I waive a personal consultation and the corresponding documentation.  
I am aware that this may adversely affect the assertion of claims for damages.

Title	First name	Surname
Company	Company name	
Address	Building name / number	Street
	Town / city	Postal / zip / area code
	Region	Country
Contact details	E-mail address	

Number of employees to be covered by the insurance:

Expected length of employee assignments abroad (select all that apply):

- Less than 3 months     3–12 months     1–5 years     5 years +

Countries where you will send employees to live as expats (host countries):

Do you already have health insurance for your employees?     Yes     No

If yes, what coverage to do you currently have?

- International coverage (outside your home country)  
 Local coverage (inside your home country)  
 Travel insurance for business trips  
 Inpatient     Outpatient     Dental     Assistance     Maternity

Current insurance provider:

If you already have health insurance, why do you wish to change the provider?

Will your employees have statutory health cover in their host country?     Yes     No

Do you require coverage for dependents accompanying the employee(s) abroad?     Yes     No

Based on your expectations, what coverage do you anticipate from your health insurance?

- International coverage (outside your home country)
- Local coverage (inside your home country)
- Inpatient       Outpatient       Dental       Assistance       Maternity

Would you consider applying an annual deductible to your coverage to reduce the premium?

- Yes       No, I do not want my employees to pay additional costs towards their treatment

In which currency would you like to receive the offer?

- EUR    USD    GBP

Completed on (date):

Name of prospective client:

Signature of prospective client:

**To be completed by Globality Health:**

Based on the information provided by \_\_\_\_\_ on \_\_\_\_\_  
(client name) (date)

the following options could be considered to meet the needs of the client:

	Globality CoGenio® <b>Classic</b>	Globality CoGenio® <b>Plus</b>	Globality CoGenio® <b>Top</b>
	Deductible: <input type="checkbox"/> None <input type="checkbox"/> 250 €/325 \$/210 £	Deductible: <input type="checkbox"/> None <input type="checkbox"/> 250 €/325 \$/210 £ <input type="checkbox"/> 500 €/650 \$/420 £ <input type="checkbox"/> 1,000 €/1,300 \$/840 £	Deductible: <input type="checkbox"/> None <input type="checkbox"/> 250 €/325 \$/210 £ <input type="checkbox"/> 500 €/650 \$/420 £ <input type="checkbox"/> 1,000 €/1,300 \$/840 £
	<b>Modular approach</b>		
<input type="checkbox"/> No suitable options	Inpatient treatment: <input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	Outpatient treatment: <input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	Dental treatment: <input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top

Comments:

Completed on (date):

Name of Sales agent:

Signature of Sales agent: