GLOBALITY HEALTH
premium health insurance worldwide

Assessment of Demands and Needs – prospective individual 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
Gender ☐ M ☐ F	Date of Birth (dd/mm/yyyy)	Nationality
Contact details	E-mail address	

Other persons to be insured:

Person 1	First name	Surname
	Date of Birth (dd/mm/yyyy)	Nationality
Person 2	First name	Surname
	Date of Birth (dd/mm/yyyy)	Nationality
Person 3	First name	Surname
	Date of Birth (dd/mm/yyyy)	Nationality

Expected length of stay abroad: ☐ Less than 3 months ☐ 3–12 months ☐ 1–5 years ☐ 5 years +

Country where you currently reside:

Country where you will live as an expat:

(In case you will be traveling through various countries, please indicate which will be the country where you will be staying the longest or, alternatively, the first country of your trip)

Are you already living abroad? ☐ Yes ☐ No

If yes, for how long have you been living in your country of expatriation?

Do you already have health insurance? ☐ 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

Name of health insurance:

Will you have statutory health cover in your host country? ☐ 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 to pay additional costs towards my 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:

In which form would you like to receive the respective information in relation to your application of insurance:

☐ on paper or ☐ via e-mail

To be completed by Globality Health:

Based on the information provided by_____ on_____
(client name) (date)

the following insurance products are advised:

Globality YouGenio® World **Essential**	Globality YouGenio® World **Classic**	Globality YouGenio® World **Plus**	Globality YouGenio® World **Top**
☐ No deductible	Deductible: ☐ None ☐ 250 €/325 $/210 £ ☐ 500 €/650 $/420 £ ☐ 1,000 €/1,300 $/840 £	Deductible: ☐ None ☐ 250 €/325 $/210 £ ☐ 500 €/650 $/420 £ ☐ 1,000 €/1,300 $/840 £ ☐ 2,500 €/3,250 $/2,100 £	Deductible: ☐ None ☐ 250 €/325 $/210 £ ☐ 500 €/650 $/420 £ ☐ 1,000 €/1,300 $/840 £ ☐ 2,500 €/3,250 $/2,100 £
	Globality YouGenio® Germany **Classic**	Globality YouGenio® Germany **Plus**	Globality YouGenio® Germany **Top**
☐ No suitable options	Deductible: ☐ 250 €/325 $/210 £	Deductible: ☐ None ☐ 250 €/325 $/210 £ ☐ 500 €/650 $/420 £ ☐ 1,000 €/1,300 $/840 £	Deductible: ☐ None ☐ 250 €/325 $/210 £ ☐ 500 €/650 $/420 £ ☐ 1,000 €/1,300 $/840 £

Comments:

Completed on (date):	Name of Sales agent:	Signature of Sales agent: