GLOBALITY HEALTH
premium health insurance worldwide

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:

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

	Globality CoGenio® **Classic**	Globality CoGenio® **Plus**	Globality CoGenio® **Top**
	Deductible: ☐ None ☐ 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 £
	Modular approach		
☐ No suitable options	Inpatient treatment: ☐ Classic ☐ Plus ☐ Top	Outpatient treatment: ☐ Classic ☐ Plus ☐ Top	Dental treatment: ☐ Classic ☐ Plus ☐ Top

Comments:

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

Data protection:
Globality Health, as data controller, processes your personal data for the purpose of insurance activity. We confirm the implementation of appropriate technical and organisational measures for the protection of your personal data as well as compliance with the duty of confidentiality.
You may exercise your rights of access, rectification, erasure, restriction, opposition and portability. By sending an e-mail to our e-mail address dpo@globality-health.com we will send you full and detailed information on how we will use and protect your personal data and how to exercise your rights. You can also find more information about the data protection policy of the exclusive insurance agency on the following website: https://myglobality.globality-health.com/privacy.
The personal data provided by you will be passed on to the insurance company for the purpose of processing the insurance simulation and calculating the premium amount.