



## Good Neighbor Insurance

**AFTER FILLING OUT THIS APPLICATION  
PLEASE MAIL, FAX, OR EMAIL SCAN TO:**

**Good Neighbor Insurance  
690 E. Warner Rd. Suite 117  
Gilbert, AZ 85296, USA**

**Toll Free: 866-636-9100 • Phone: 480-633-9500 • Fax: 480-813-9930**

**[info@gninsurance.com](mailto:info@gninsurance.com)**

**[www.gninsurance.com](http://www.gninsurance.com)**

### To Get Up-To-Date Insurance Information



**Good Neighbor Travel Blog  
[www.gntravelinsurance.com](http://www.gntravelinsurance.com)**



**Tips For Understanding  
International Insurance**



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# UltraCare plan

## Individual application form

If you have any questions or need any help completing this form, please contact your adviser or us.

You can find our contact details on our website at [www.interglobalpmi.com](http://www.interglobalpmi.com)

If you have received a quotation from us, please write the quotation number here:

**Please complete this form clearly in BLOCK CAPITALS.**

You must tell us about all material facts before we can accept an application or renew the plan. If you do not tell us all material facts or misrepresent any material facts, it may affect your rights or your dependants' rights under the plan. A material fact is information likely to influence us in assessing or accepting the insurance. If there is any doubt about whether a fact is material, for your own protection, you must tell us.

If any of the details that you give on this form are different from the details that you gave when you received your quotation, your premium may be different.

### A Your personal details (the planholder)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:	
Family name (surname):	First names:	
Country where you live <sup>1</sup> :	How long have you lived there?:	
Home country:	Nationality on passport:	
Occupation <sup>2</sup> :	Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

<sup>1</sup> The amount of insurance premium tax you will have to pay will depend on the country where you live. Please speak to your adviser or contact us if you are unsure whether your premium will be affected. Please make sure that your plan meets the requirements of the country where you live.

<sup>2</sup> Some occupations may have an increased premium. Please contact us for more information.

#### Your address<sup>3</sup>

<sup>3</sup> We will send all correspondence to this address unless you have completed the details below for a correspondence address.

You must tell us immediately about any changes to your contact or personal details. A change in circumstances may affect your cover.

Address:	
Town:	City:
Postcode:	Country:
Phone:	Fax:
Email:	

#### Correspondence address – if different from your address above

Address:	
Town:	City:
Postcode:	Country:
Phone:	Fax:
Email:	

### B Dependants to be covered

#### Dependant 1

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:	
Family name (surname):	First names:	
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Country where they live <sup>1</sup> :	Nationality on passport:	
Occupation <sup>2</sup> :	Relationship to you:	

## B Dependants to be covered (continued)

### Dependant 2

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:
Family name (surname):	First names:
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Country where they live <sup>1</sup> :	Nationality on passport:
Occupation <sup>2</sup> :	Relationship to you:

### Dependant 3

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:
Family name (surname):	First names:
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Country where they live <sup>1</sup> :	Nationality on passport:
Occupation <sup>2</sup> :	Relationship to you:

### Dependant 4

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:
Family name (surname):	First names:
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Country where they live <sup>1</sup> :	Nationality on passport:
Occupation <sup>2</sup> :	Relationship to you:

If you have any more dependants to be covered, please give us details on a separate sheet of paper and send it to us with this application.

## C Cover start date

Your cover will begin on the date when we confirm acceptance of your application in writing. If you want your cover to start at a later date, please tell us below. This date can be no more than 30 days after the date you complete this form.

We cannot backdate cover under any circumstances.

Date you want cover to start (dd/mm/yyyy):
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## D Your cover options

### Level of cover and type of plan

Please tell us the type of UltraCare plan that you need. Please make sure that you have read the policy summary and table of benefits before making your choice. You must make sure the plan meets your needs. Please contact us if you need copies of these documents.

Elite <input type="checkbox"/>	Plus <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	Select <input type="checkbox"/>	Standard <input type="checkbox"/>
All of the benefits of the Plus plan but with higher limits for complementary medicine and cancer care. Includes one dental checkup in each plan year.	All the benefits of the Comprehensive plan but with higher limits.	All the benefits of the Select plan but with higher limits and dental and wellness benefits.	Full in-patient and daycare treatment (excluding psychiatric treatment) with limited cover for out-patient treatment. Includes evacuation.	Full in-patient and daycare treatment (excluding psychiatric treatment) including medical evacuation.

### Area of cover

Choose the area of cover from the descriptions below based on the country where you live and your home country (if you need the option of returning to your home country for treatment). Please see the eligibility section in the plan guide for restrictions on US citizens. You and your dependants must have the same area of cover.

#### UltraCare Elite plan only

- Area 2** Worldwide, not including the USA  
 **Area 3** Worldwide

#### UltraCare Plus, Comprehensive, Select and Standard plans only

- Area 1** Europe  
 **Area 2** Worldwide, not including the USA  
 **Area 3** Worldwide

## D Your cover options (continued)

### Excess options (deductibles)

If you want to change the excess from the standard excess shown, please tick the appropriate box below.

Excess options	Elite	Plus	Comprehensive	Select	Standard
No excess	Standard	<input type="checkbox"/> 10% premium increase	<input type="checkbox"/> 10% premium increase	<input type="checkbox"/> 10% premium increase	N/A
£25, \$42.50 or €37.50	N/A	Standard	Standard	Standard	Standard
£50, \$85 or €75	N/A	<input type="checkbox"/> 5% premium discount	<input type="checkbox"/> 5% premium discount	<input type="checkbox"/> 5% premium discount	N/A
£100, \$170 or €150	N/A	<input type="checkbox"/> 10% premium discount	<input type="checkbox"/> 10% premium discount	<input type="checkbox"/> 10% premium discount	N/A
£250, \$425 or €375	N/A	<input type="checkbox"/> 15% premium discount	<input type="checkbox"/> 15% premium discount	<input type="checkbox"/> 15% premium discount	N/A
£500, \$850 or €750	N/A	<input type="checkbox"/> 20% premium discount	<input type="checkbox"/> 20% premium discount	<input type="checkbox"/> 20% premium discount	<input type="checkbox"/> 10% premium discount
£1,000, \$1,700 or €1,500	N/A	<input type="checkbox"/> 25% premium discount	<input type="checkbox"/> 25% premium discount	<input type="checkbox"/> 25% premium discount	<input type="checkbox"/> 20% premium discount
£2,500, \$4,250 or €3,750	N/A	<input type="checkbox"/> 30% premium discount	<input type="checkbox"/> 30% premium discount	<input type="checkbox"/> 30% premium discount	<input type="checkbox"/> 30% premium discount
£5,000, \$8,500 or €7,500	N/A	<input type="checkbox"/> 40% premium discount	<input type="checkbox"/> 40% premium discount	<input type="checkbox"/> 40% premium discount	<input type="checkbox"/> 40% premium discount

### UltraCare Elite plan only

You do not have to pay an excess on this plan. You cannot choose a voluntary excess.

### UltraCare Plus, Comprehensive and Select plans only

You must pay a standard amount of £25, \$42.50 or €37.50 for each medical condition in each plan year for all out-patient medical treatment claims, including out-patient medical treatment for cancer care, chronic medical conditions and HIV or AIDS.

If you choose a voluntary excess, this will apply for each medical condition in each plan year for all in-patient, daycare and out-patient medical treatment, including in-patient, daycare and out-patient medical treatment for cancer care, chronic medical conditions, HIV or AIDS, organ transplants and emergency medical treatment outside your area of cover.

### UltraCare Standard plans only

You must pay a standard amount of £25, \$42.50 or €37.50 for each medical condition in each plan year for all out-patient medical treatment claims, including out-patient medical treatment for cancer care and chronic medical conditions.

If you choose a voluntary excess, this will apply for each medical condition in each plan year for all in-patient, daycare and out-patient medical treatment, including in-patient, daycare and out-patient medical treatment for cancer care, chronic medical conditions and organ transplants.

### Co-insurance (deductibles)

#### UltraCare Plus and Comprehensive plans only

You must pay 25% of all out-patient dental treatment claims. The total amount we will pay to you for an eligible claim for out-patient dental treatment will be 75% of the limit shown on your table of benefits. You cannot remove this co-insurance.

## E Optional add-on plans and benefits

Do you want to add any of the following?

<b>Optional travel add-on plan</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please tell us which type	<input type="checkbox"/> Single	<input type="checkbox"/> Couple	<input type="checkbox"/> Family	<input type="checkbox"/> Single-parent family
<b>Optional maternity add-on plan</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please tell us which level of co-insurance you have chosen for each person	<input type="checkbox"/> No co-insurance	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%	

The optional maternity add-on plan is only available for female members. The minimum age at entry for this plan is 18. The maximum age at entry is 44. Cover only becomes available for treatment received 12 months after the start date of this optional add-on plan.

<b>Optional personal accident add-on plan</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please circle the number of personal accident units you need for each person as set out in the optional personal accident add-on plan table of benefits.

Main planholder:	1	2	3	4	5	Dependant 1:	1	2	3	4	5	Dependant 2:	1	2	3	4	5
						Dependant 3:	1	2	3	4	5	Dependant 4:	1	2	3	4	5

## E Optional add-on plans and benefits (continued)

If you have any more dependants to be covered, please give us details on a separate sheet of paper and send it to us with this application.

The optional personal accident add-on plan does not cover claims caused by taking part in manual or dangerous occupations, dangerous sports, pursuits or activities including, but not limited to, mountaineering, rock climbing, potholing, winter sports, canyoning, racing of any kind except on foot, scuba-diving, parachuting, professional sports, riding as a driver or passenger on a motorcycle, moped or motorised scooter. If you or any dependants on this application form take part in any of the above, please give full details on a separate sheet and include it with this application form. If we agree to provide cover, extra premiums may apply.

## F Paying your premiums

To enjoy the full benefit of the plan, you must make sure the premiums are paid on or before the premium due date. You must tell us about any changes to your payment details to make sure that we can continue to collect any premiums due.

You can find full payment details and information on unpaid or late payments in the plan guide. If you have not paid the premiums, we will suspend all claims until the premiums are up to date.

### Currency

In which currency do you want to pay your premiums?

GB pounds (£)     US dollars (\$)     Euros (€)

The currency of your benefit limits will depend on the currency in which your premiums are paid.

### Payment options

Please choose how often you want to pay your premiums. Due to administration costs, the total premiums you pay every month or every three months will be higher than if you pay the premiums every year (about 12% if you pay every month and 7.5% if you pay every three months).

	Cheque or bank draft	Bank transfer	Credit card	Direct debit
Yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every three months	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Every month	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

### Optional add-on plans and benefits

If you have chosen the optional maternity add-on plan, please tell us how often you want to pay your optional maternity add-on plan premiums. Due to administration costs, the total premiums you pay every month or every three months will be higher than if you pay the premiums every year (about 12% if you pay every month and 7.5% if you pay every three months).

Yearly     Same as UltraCare plan (if every month or every three months)

Optional travel and optional personal accident add-on plan premiums can only be paid yearly.

## Payment details

### Cheque or banker's draft

Banker's drafts and cheques must be in the currency of your plan and payable to 'InterGlobal'. Please make sure that your full name and quotation or plan number are clearly shown on the back of the cheque or draft in case your payment becomes separated from this form.

### Bank transfers

Bank transfers must also be in the currency of your plan. Please make sure that you give your full name and quotation or plan number as the reference for your bank transfer. Please send to the correct details below.

GB Pound (£) Account	US Dollar (\$) Account	Euro (€) Account
Bank: HSBC Bank plc Address: 8 Canada Square London E14 5HQ United Kingdom	Bank: HSBC Bank plc Address: 8 Canada Square London E14 5HQ United Kingdom	Bank: HSBC Bank plc Address: 8 Canada Square London E14 5HQ United Kingdom
Account No: 41611593 Sort Code: 40-21-05 Swift Code: MIDLGB2112U IBAN No: GB84 MIDL 402105 41611593	Account No: 67348768 Sort Code: 40-05-15 Swift Code: MIDL GB22 IBAN No: GB68 MIDL 4005156 7348768	Account No: 67348776 Sort Code: 40-05-15 Swift Code: MIDL GB22 IBAN No: GB46 MIDL 400515 67348776

### Credit card

We can accept credit card payments by Visa, MasterCard or American Express. Please contact us about any other card type as we may still be able to accept it.

Please complete the credit card authority form attached to this application. Please make sure that your credit card is valid for at least three months from the start date of your plan until the expiry date of your credit card.

### Direct debit

We can only accept direct debits from UK bank accounts for plans in GB pounds (£). Please complete the direct debit form attached to this application.



## Instruction to your bank or building society to pay by direct debit

Please complete this form in BLOCK CAPITALS and send it to:  
InterGlobal Insurance Company Limited  
Woolmead House East  
The Woolmead  
Farnham  
Surrey GU9 7TT



Originator's Identification:

2 4 2 5 8 4

Quote number:	
Names of account holders:	
Bank or building society account number:	Branch sort code:
Name and full postal address of your bank or building society:	
To: The manager	Bank or building society
Address:	
Postcode:	
Reference number (for InterGlobal's use only)	

## Instruction to your bank/building society

Please pay InterGlobal Insurance Company Limited direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction will remain with InterGlobal Insurance Company Limited and if so details will be passed electronically to my bank or building society.

Signature:	Date (dd/mm/yyyy):
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Banks and building societies may not accept direct debit instructions for some types of accounts.

We offer direct debit as an alternative form of payment to all planholders who take out a plan in GB pounds (£) and currently hold a UK bank or building society account. If you would like to take advantage of this facility for your regular payments, please complete the following form.

We must receive the original of this form in order to set up your direct debit payments as banks will not accept copies.

## The Direct Debit Guarantee



This guarantee should be detached and retained by the Payer

- This Guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change InterGlobal Insurance Company Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by InterGlobal Insurance Company Limited or your bank or building society you are guaranteed a full and immediate refund from your branch of the amount paid.
- If you receive a refund you are not entitled to, you must pay it back when InterGlobal Insurance Company Limited asks you to.
- You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.

## H Pre-existing medical conditions

Please read benefit exclusion BE1 carefully before applying for this plan. You can find this in the plan guide and below.

You must sign this section to show that you understand and accept our 24 month moratorium. We will not process your application unless you have signed this section as well as the declaration section on this application form.

If you feel this plan does not meet your needs, you may cancel it. You must tell us in writing by letter, fax or email and return all membership cards and certificates of insurance within 30 days of the date of joining or receiving the plan documents, whichever is later.

It is important that you read, understand and accept all of the paragraphs in the following declaration for your UltraCare plan.

This declaration applies to you and to any eligible dependants you have included in the application form.

The 24 month moratorium is a waiting period of 24 months from your date of joining, or the date shown on the special terms section of your certificate of insurance, that must have passed before claims for pre-existing medical conditions may be eligible under the plan. Please read benefit exclusion BE1 in the plan guide. The moratorium also applies to optional add-on plans.

A pre-existing medical condition or related medical condition that, within a 24 month period before the date of joining, or the date shown on the special terms section of your certificate of insurance, has one or more of the following characteristics:

- was foreseeable;
- clearly showed itself;
- you had signs or symptoms of;
- you asked for advice about;
- you received treatment for;
- to the best of your knowledge, you were aware you had.

Pre-existing medical conditions or related medical conditions may be covered after you have had 24 months continuous cover under the plan and within that time you have not:

- experienced symptoms;
- asked for advice;
- needed treatment, medication, or special diet; or
- received treatment, medication, or special diet.

If you have:

- experienced symptoms;
- asked for advice;
- needed treatment, medication, or a special diet; or
- received treatment, medication or a special diet;

then you will have to wait until you have completed a continuous 24 month period when none of these apply to you. Pre-existing medical conditions or related medical conditions may then be covered. This is the rolling part of the moratorium.

**I confirm that I have read, understood and accept this moratorium underwriting clause about pre-existing medical conditions and that it applies to any eligible dependants included in the application form.**

Signature:

Date (dd/mm/yyyy):

## I Declaration

I am applying to be covered under the UltraCare plan or plans I have chosen together with the dependants listed in this application. As far as I know, the information in this application is true and complete. I have read, understood and agree to keep to the terms and conditions shown in the plan guide, along with all eligible dependants included in this application or any dependants I enrol in the future after the start date of the plan. This declaration and information in this application will form the basis of the contract between me, my dependants and InterGlobal Insurance Company Limited. After reading all the terms and conditions and documents you have given me, I am satisfied that the product I have chosen meets my needs at this time.

I authorise the doctor named in section G or any other medical establishment, including any other health professional who has treated me and any of my dependants included under this plan, to give you any information you may need in connection with any claim made under this plan.

I understand that if I do not provide the information asked for in section H, and I or any of my dependants included under this plan make a claim, which you view as being treatment for a pre-existing medical or related medical condition, my claim may be rejected.

I confirm and agree that you may use or release any personal information you collect or hold about me and my dependants for the purpose of:

- assessing this application and providing ongoing insurance cover, customer service and to process claims;
- processing and dealing with premium payments; and
- complying with legal and other regulatory requirements.

I understand that my data may be processed by organisations inside or outside the EEA. However, wherever it is processed, you will ensure that the organisation provides appropriate guarantees in terms of their compliance with data protection and privacy laws. I confirm that I give permission (on behalf of myself and any dependants shown in this form) for you to process our personal information. I confirm that I have informed my dependants about the details of this data protection notice.

We may, from time to time, provide you with marketing information about InterGlobal, our products and services and those of any associated companies. If you do not want us to use your details in this way, please tick here

**(For your own benefit and protection, you should read the terms and conditions shown in the plan guide carefully before signing this declaration. If you do not understand any point, please ask for more information.)**

Signature:

Date (dd/mm/yyyy):

You can find our full terms and conditions and details of our privacy policy at [www.interglobalpmi.com](http://www.interglobalpmi.com)

**J Where did you hear about InterGlobal?**

- Broker or adviser  Please name \_\_\_\_\_
- Search engine  Please name \_\_\_\_\_
- Online advert or website  Please name \_\_\_\_\_
- Magazine advert  Please name \_\_\_\_\_
- Exhibition  Please name \_\_\_\_\_
- Other  Please tell us where \_\_\_\_\_

Broker's or adviser's details: