

Please return this completed form and return to:

Aetna International
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E: EuropeSales@aetna.com

A. Broker/Agency Facilities Detail

1a. Broker/Agency Trading Name		1b. Company Number
1c. Full Company Name		
2a. Company Address		ZIP/Postal Code
Telephone	Fax	E-mail Address
2b. Registered Address (if different from above)		ZIP/Postal Code
Telephone	Fax	E-mail Address
3. Occupational/Nature of Business		
<p>4. Is your brokerage/agency:</p> <p>a) authorised and regulated by a regulatory authority? If "Yes", please provide the following, along with a <u>copy of your registration certificate or license</u>:</p> <p style="margin-left: 20px;">i) date of registration (Day/Month/Year): _____</p> <p style="margin-left: 20px;">ii) name of authorising body and registration number: _____</p> <p style="margin-left: 40px;">If "No", please state if: i) an application is pending: _____</p> <p style="margin-left: 40px;">ii) an application has not been made: _____</p> <p>b) a member or registered with any official insurance institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If "Yes", please name institution. _____</p> <p>c) or has it been subject to any regulatory enforcement action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>5. a) How many years has your organisation been established? _____</p> <p>b) Please provide the full name and address of your brokerage/agency ultimate holding company:</p> <p>_____</p> <p>_____</p> <p>c) Is your brokerage/agency registered with its regional data protection registrar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If "Yes", please state the name of the authorizing body and/or <u>provide a copy of the registration</u>:</p> <p>_____</p> <p style="margin-left: 20px;">If "No", please explain:</p> <p>_____</p> <p>d) Is your agency or any of its contractors, sub-agents or customers affiliated with a government entity or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If "Yes", please provide details, including the names of the government body/representatives and details of the relationship:</p> <p>_____</p> <p>e) Does your brokerage/agency have enforced procedures to prevent inducements from being offered or received in order to generate business by it, its staff or associates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) How many employees are employed at your agency, including executive directors? _____</p> <p>g) How many individuals are actively selling international medical insurance in your organisation? _____</p>		

Please Retain a Copy for Your Records

Policies are issued and underwritten or reinsured in Europe by Aetna Health Insurance Company of Europe, Limited, Aetna Life & Casualty (Bermuda) Ltd. and issued and administered by Aetna Global Benefits (Europe) Limited, an Aetna Company and regulated by the Financial Conduct Authority. Registered in England & Wales. Registered No. 04548434.

6. If your business has been established for less than two years, please state the following:

a) Name of previous business enterprise or previous employer's name: _____

b) Number of years business was established or duration of employment: _____

c) Contact name, if any: _____

d) Address: _____

ZIP/Postal Code: _____

Telephone: _____

Fax: _____

7. a) Please provide full names and home addresses and qualifications of all the director(s)/partner(s)/secretary involved in your organisation.

b) Do any of the above named have outstanding legal judgments (including criminal records) against them or have they ever been the subject of regulatory, insolvency or bankruptcy proceedings? If "Yes", please give full details. If "No", please write "none".

8. Do you have professional liability / indemnity insurance coverage? Yes No

If "Yes", please send a copy of your certificate, which should state:

a) With whom is your coverage: _____

b) Policy effective/expiration dates: _____

c) Certificate Number: _____

d) Limit of Indemnity: _____

e) Excess Level, if any: _____

9. a) The annual written premium income for your private medical insurance portfolio is in the range (check applicable premium):

i) US\$ 0m - US\$ 0.5m

ii) US\$ 0.5m - US\$ 1m

iii) US\$ 1m - US\$ 5m

iv) US\$ 5m - US\$ 10m

v) US\$ 10m +

b) The approximate breakdown in percentage terms of your international medical insurance portfolio is (write in applicable percentage):

i) _____% Individual Business

ii) _____% Company Paid Small Group Business

iii) _____% Company Paid Large Group Business

iv) _____% Optional Group Business

v) _____% Groups in "Trust"

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10. Please give the name and address of three other Insurers with whom you have broker/agency facilities in respect of private medical insurance (and from whom we may take references), the date from which they become effective and your approximate premium income with each of them.

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

b) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

B. Bank Details (Completion is mandatory*)

11. Bank Sort Code: _____ Bank Address: _____
 Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____ Bank Fax Number: _____
 Bank Telephone: _____

** Aetna International has facility to direct credit commissions payable to your bank account.*

12. If available, please supply a copy of your corporate brochure explaining the nature and scope of your operations.

C. Declaration

I/we apply for an appointment to represent Aetna International as a Broker/Agent. I/we agree that, if this application is accepted, the appointment shall be governed by the terms outlined in the Aetna International' Agency Agreement and in accordance with FCA regulations.

I/we understand that references may be sought for my/our application and to the best of my/our knowledge and belief; the above details are true and accurate. Any attempt to mislead or supply false information to Aetna International will result in the denial of this Application and/or termination of the Agency Agreement.

Applicant's Signature	Position in Organisation	Date (Day/Month/Year)
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Note: Agent and/or broker laws and regulations will apply accordingly as applicable in each local jurisdiction.

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