

Please return this completed form to:

Aetna Global Benefits (Asia Pacific) Limited
 Suite 401-403
 DCH Commercial Centre
 25 Westlands Road
 Quarry Bay
 Hong Kong

T: +852-3071-5022
F: +852-2866-2555
E: AsiaPacSales@aetna.com

A. Brokerage/Agency Facilities Detail

1a. Full Company Name		1b. Business Registration Number	
2a. Company Address			ZIP/Postal Code
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>			
Telephone	Fax	E-mail Address	
2b. Registered Address (if different from above)			ZIP/Postal Code
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>			
Telephone	Fax	E-mail Address	
3. Occupational/Nature of Business			
4. Is your brokerage/agency:			
a) authorised and regulated by any regulatory authority? If "Yes", please provide the following with a copy of your registration certificate or license:			
i) date of registration (Day/Month/Year): _____			
ii) name of authorising body and registration number: _____			
If "No", please state if: i) an application is pending: _____			
ii) an application has not been made: _____			
b) a member or registered with any official insurance institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please name institution. _____			
c) or has it been subject to any regulatory enforcement action? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. a) How many years has your organisation been established? _____			
b) Please provide the full name and address of your brokerage/agency's ultimate holding company:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>			
c) Is your brokerage/agency registered with its regional data protection registrar? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please state the name of the authorizing body and/or provide a copy of the registration:			
<div style="border-bottom: 1px solid black; width: 100%;"></div>			
If "No", please explain:			
<div style="border-bottom: 1px solid black; width: 100%;"></div>			
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			
If "Yes", please provide details, including the names of the government body/representatives and details of the relationship:			
<div style="border-bottom: 1px solid black; width: 100%;"></div>			
e) Does your brokerage/agency have enforced procedures to prevent inducements from being offered or received to generate business by it, its staff or associates? <input type="checkbox"/> Yes <input type="checkbox"/> No			
f) How many employees including executive directors? _____			
g) How many individuals are actively selling international medical insurance in your organisation? _____			

Please read carefully the disclaimers at the end of this form.

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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 Cover: _____

b) Policy effective/expiration dates: _____

c) Certificate Number: _____

d) Limit of Indemnity: _____

e) Excess Level, if any: _____

<p>9. a) The annual written premium income for your private medical insurance portfolio is in the range (check applicable premium):</p> <p>i) <input type="checkbox"/> US\$ 0m - US\$ 0.5m</p> <p>ii) <input type="checkbox"/> US\$ 0.5m - US\$ 1m</p> <p>iii) <input type="checkbox"/> US\$ 1m - US\$ 5m</p> <p>iv) <input type="checkbox"/> US\$ 5m - US\$ 10m</p> <p>v) <input type="checkbox"/> US\$ 10m +</p>	<p>b) The approximate breakdown in percentage terms of your international medical insurance portfolio is (write in applicable percentage):</p> <p>i) _____% Individual Business</p> <p>ii) _____% Company Paid Small Group Business</p> <p>iii) _____% Company Paid Large Group Business</p> <p>iv) _____% Optional Group Business</p> <p>v) _____% Groups in "Trust"</p>
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10. Please give the name and address of three other Insurers with whom you have brokerage/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 Global Benefits (Asia Pacific) Limited as a broker/agent. I/we agree that, if this application is accepted, the appointment shall be governed by the terms of Aetna Global Benefits (Asia Pacific) Limited (including acceptance of the terms of its brokerage/agency agreement) in accordance applicable law.

I/we understand that references will be sought for my/our application and to my/our best knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Aetna Global Benefits (Asia Pacific) Limited will result in the voiding of the brokerage/agency application.

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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Policies issued in Hong Kong by Starr International Insurance (Asia) Limited are administered by Aetna Global Benefits (Asia Pacific) Limited, an Aetna Company. Aetna Global Benefits (Asia Pacific) Limited registered address: Suite 401-403, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong, HKFI Insurance Agency Registration No. 02905813.

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