

Explanatory Notes: This form should be completed **in full** by the **group administrator** authorised to accept a quotation and set up a plan for the **plan sponsor**. Please use BLOCK CAPITALS and check boxes as appropriate, and return this completed form to **us** or your agent.

Aetna Insurance (Singapore) Pte. Ltd.

112 Robinson Road #09-01
Robinson 112
Singapore 068902

E: Singapore-sales@aetna.com

Important Notes:

- Section 25(5) of the Insurance Act (Cap.142) requires that you should disclose in this form, fully and faithfully, any information or facts which you know or ought to know, otherwise you may receive nothing from the plan.
- This form should be read in conjunction with the sales brochure and quotation summary.
- Words and phrases in bold font have specific meanings and are defined in the member handbook.
- Aetna reserves the right to amend or withdraw its offer of **cover** should there be any material change to the original risk. Commencement of this **policy** is subject to review by **our underwriters** and screening of the **group** under the company's anti-money laundering **policy**.
- For **groups** of less than 10 **employees**, **we** require a completed group member application form for each **employee**.
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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Section 1 – Plan Sponsor Details

Plan Sponsor Name and Registered Address	Postal Code
Name(s) of Any Subsidiary Company/Companies to be Included	
Type of Business	
Correspondence Address for all Documentation (if different from above)	Postal Code

Section 2 – Group Administrator's Details

Group Administrator's Name	Job Title	
Telephone	Fax	E-mail
Intermediary/Agent Name (if applicable)		

Section 3 – Intermediary or Agent Details - (Where no Intermediary is involved please note "None" in the Intermediary/Agent Name filed below)

Named contact	Job Title	
E-mail	Telephone	Fax
Intermediary/Agent Name		

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Section 4 – Confirmation of Cover and Eligibility Definitions

Please provide the definition of those members of staff to be covered in each category (e.g., senior managers, all staff with more than one year's service, etc.) and return the completed quotation summary for each plan you wish to purchase.

Category 1
Category 2
Category 3

Preferred Commencement Date (Day/Month/Year) _____

To be insured (select one):
 Employees only **Employees and dependants**

Number of **employees** to be covered: _____

Participation: Non-contributory Contributory* If contributory, please state details:

Movement between sub-groups (if applicable) allow upon mid-term Yes No

Cover commencement date Immediate cover First day following month(s) probation

Section 5 - Member Packs and Membership Card Distribution

1. For **member packs**, we will deliver electronic **member packs**.
 Please provide the plan administrator's e-mail address here:

2. For **membership ID cards**, please provide the desired central mailing address here (*including the plan administrator's or broker's name, as appropriate*):

If you prefer printed copies of the **member packs** to the plan administrator, please provide a central mailing address.
 If the mailing address and contact information is the same as above, please check the following box:
 Otherwise, please provide details here (*including the plan administrator's name or broker's name, as appropriate*):

Section 6 – Membership Adjustments

Select one of the below options to adjust membership when **members** leave or join the plan:

Pay As You Go – Adjustments are credited or debited as adjustments are made.

Periodic Adjustments - We will adjust your installment plan to incorporate membership adjustments.
 (Note: This option needs to be taken if you choose semi-annual or quarterly payments under Section 9.)

End of Year Adjustments – We will reconcile your account at year end.
 (Note: This is only available for groups of 10+ employees.)

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Section 7 - Payment of Premiums

All premium payments are to be paid by the **plan sponsor**. Please note that the **group** must fund 100% **cover** for **employees**.

	Category 1	Category 2	Category 3
Will the group fund cover for dependants ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 8 – Aetna Global Health Connections – Wellness Checkpoint® Health Risk Reporting

Plans Sponsors can benefit from tailored and personalised Wellness Checkpoint reporting tools if meets below criteria.

Healthy Aessentials Plan: more than 100 **employees/members**;

International Healthcare Plan: more than 500 **employees/members**.

In addition, **plan sponsors** of this size may customise certain sections of the Wellness Checkpoint tool. Please advise if you would like to work with **Us** to tailor your **group's** reports and application.

- We would like to develop a tailored Wellness Checkpoint application and reporting capabilities at this time.
- We would like to defer tailoring our Wellness Checkpoint application and reporting to a later date.
(If this option is selected, when shall **we** contact you again to follow up?) _____
- We are happy to receive standardised comparative reporting and the standard Wellness Checkpoint application.

Section 9 – Premium Payment and Payment Frequency

Please select the payment method and frequency you require.

a) **Cheque Payment**

Please make cheques payable to “**Aetna Insurance (Singapore) Pte. Ltd.**”. Please ensure the name of the **group** (as declared in **Section 1** of this form) is clearly stated on the back.

1. Payment Frequency: Annual **Semi-Annual **Quarterly

b) **Bank Transfer**

Our bank details for bank transfer are available upon request by contacting **our** office. Please ensure the name of the **group** (as declared in **Section 1** of this form) is clearly stated on any transfer. **We** cannot accept liability for any bank transfer that does not clearly identify the **group** and applicant.

1. Payment Frequency: Annual **Semi-Annual **Quarterly

** Please note that for semi-annual and quarterly payments:

- 1) A surcharge will apply
 - 2) 'Periodic Adjustments' needs to be chosen under Section 6
- Please contact Aetna Insurance (Singapore) Pte. Ltd. for further details.

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Section 10 – General Terms and Conditions

1. This document, which must be completed in full by the Group Policy Administrator, forms part of the contract and must be read together with the **certificate of insurance**, member handbook, application form(s) and other **policy documentation**, where applicable.
2. This Contract of Insurance will take effect on the **commencement date** and shall continue for a period of 12 months or until the next **renewal date** or until the **policy** is cancelled for whatever reason, whichever is sooner.
3. **Group Eligibility**
 - a. A **group** can only be made up of **employees** of the same company.
 - b. For a **group** that consists solely of members of the same family, it must be fully substantiated that such **members** are all working for the same employer.
 - c. Where a husband and wife are both employed by the same company, they are deemed to be one **employee** plus eligible **dependant NOT two employees**.
 - d. The minimum size of a **group** at inception or renewal is three current **employees**. If the membership is below three at inception, or at a subsequent **renewal date**, then the **group** cannot continue.
4. The inception premium must be received within a maximum of 30 working days from the **commencement date** of the **policy**. No claims will be paid until this is received.
5. Renewal premiums must be received by **renewal date**. If full renewal premium and any applicable taxes or local levies are not received by **renewal date**, claims will be suspended and **cover** will lapse. Aetna International may, at their discretion, reinstate **cover** if full premium and any applicable taxes or local levies are subsequently received.
6. **Cover** is only provided for **group members** (and eligible **dependants**) where declared and accepted by Aetna International.
 - a. New **group members** (and eligible **dependants**) can be added to the **policy** mid-term subject to the following:
 - i. For **groups** with less than 10 **employees**, a **group member** application form must be completed by each and every **group member**.
 - ii. For **groups** with more than 10 **employees**, the **group administrator** may supply the Information electronically, in a format approved by Aetna International. If the **group administrator** is not able to supply the required eligibility and enrollment information ("Information"), a separate **group member** Application Form must be completed by each applicant. Regardless of format, any **employee** or **dependant** not enrolled within 30 days will be subject to individual underwriting. If the **group** chooses to enroll electronically, the **group** shall:
 - i. Maintain a reasonably complete record of the enrollment and eligibility information ("Information"). The records may be filed and kept under any acceptable and commercially reasonable format and they shall meet reasonable standards of availability, authenticity, non-repudiation, and integrity (the "Records"). The Records shall include any original forms, including **member** enrolment applications containing the signature of covered **members** which provide consent for Aetna International to process personal and health information. The Records should also contain sufficient documentation to support **cover** requests for students or handicapped **dependants** requesting **cover** through an eligible **employee** and beneficiary designations;
 - ii. Produce the Records upon reasonable request;
 - iii. Transmit the Information in the exact way that it is contained in the Records;
 - iv. Obtain from its **employees** and their **dependants**, information including authorisations, reasonably necessary for Aetna International to perform its obligations for the **group** and its **employees**;
 - v. Use Aetna International's enrollment and change forms in paper or electronic format, or must incorporate the following points into the enrollment materials:
 - a) Name(s) of the Aetna company offering the insurance **cover**;
 - b) A statement that the terms of the insurance documents will govern the **member's** rights and responsibilities; and
 - c) An acknowledgement that participating **providers** are not agents or employees of Aetna International and that **network** composition can change.
 - d) A written authorisation from the **employee** indicating that they authorise Aetna International to process the personal/health information of their spouse, competent adult **dependants**, and themselves; they have discussed the terms of the authorisation with their spouse and competent adult **dependants** and have obtained their authorisation to release/process their personal/health information; that the information may be shared with affiliates, government authorities with appropriate jurisdiction third parties with whom Aetna contracts worldwide, and their employer, for activities related to the operation of the health plan and other insurance operations. Notification that the **employee** may revoke this authorisation at any time, to the extent it has not been relied upon by Aetna or other party; opt out of any direct marketing campaigns; and decline to provide Aetna International with consent to process personal or health care information; however, such failure to provide consent may result in declination of **cover**.

continued

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Section 10 – General Terms and Conditions (continued)

- c. The **group** may receive certain **benefit** plan information and documentation (the “Material”) electronically and may publish the Material on its internal website. The **group** shall, with respect to the Material to be electronically published or provided:
- Give access and distribute the Material only to covered **members**.
 - Place the Material only on its internal website (if applicable), which shall be available and accessible to authorised company personnel.
 - Place in the electronic memo or on the internal website (if applicable) a disclaimer stating: “This information/material is provided solely for general guidance about the terms of the **benefit** plan your employer has made available to you. In the event of any conflict between this information and terms and conditions of the **policy** and related **policy documentation** delivered to the employer, the **policy** and related **policy documentation** will govern.”
- d. The **group** agrees that in placing the Material on its internal website, it shall not make any change to the terms of the **policy**, plan forms, or related **policy documentation**, and shall promptly amend such information to correct errors or reflect changes in any plan term or form. The **group** further agrees to take appropriate steps to prevent improper access, changes or usage of the material by unauthorised personnel no matter the means distributed. Furthermore, the **group** agrees to mitigate, to the extent practicable, any harmful effect of an improper access, changes or usage of the material by unauthorised personnel.
- e. The **group** shall retain all information required by this Form for a period of not less than seven (7) years.
- f. The **group** agrees to indemnify, and hold Aetna harmless from any costs, expenses, claims or judgments, including counsel fees that Aetna incurs as a result of Customer’s failure to comply with the terms of this Agreement.
- g. Payment for additions must be received within 14 days of acceptance date. If these conditions are not met, all cover will be deemed null and void without further notice. For additions to plans that have opted for end of year adjustments, six monthly payments or quarterly payments, the funds must be received by due dates otherwise all cover will be deemed null and void.
- h. The **group members** and/or their eligible **dependants** can be deleted from the date of notification in writing by the **group administrator** for which a pro rata return of premium will be calculated. Notification may be given to Aetna International by the **group administrator** of a future deletion(s) date(s) no more than 30 days in advance.
- i. Please note it is not possible to change categories mid-term unless an **employee** is promoted and he/she clearly fit within the definition of an alternate but existing **employee** category. For example, a member of the “staff” category is promoted and joins the **policyholder’s** management team and therefore is eligible for inclusion in an existing and defined category for managers and directors.

Section 11 – Declaration

This document serves as a contract between the **group** and Aetna Insurance (Singapore) Pte. Ltd. (“AIS”), and must be read together with the **certificate of insurance**, the **member handbook** and other **policy documentation**, as applicable.

The **plan sponsor** understands that premiums due under the **group** plan must be paid in full by the agreed due date to AIS. In the event that premiums are not paid by the due date, **cover** may be terminated.

The **plan sponsor** declares that the transfer by the **group** of personal data to AIS and/or its associated entities, including information relating to **members** insured under the **group** plan, will not result in violation of applicable privacy and data protection laws. AIS and/or its associated entities will hold and process personal data, including personal sensitive data, provided by the **group** for the purpose of insurance administration and other activities related to this Contract of Insurance. This information may be passed worldwide to select third parties.

The **plan sponsor** declares that the information given to AIS for the purposes of entering in to this contract of insurance is true and complete and that no material facts have been withheld.

As **group administrator**, I declare that I have completed this document fully to the best of my knowledge.

As **group administrator**, I declare that I am authorised to enter into this contract of insurance with AIS on behalf of the **plan sponsor**.

Authorised Signatory Signature (Group Administrator)	Date (Day/Month/Year)
Please Print Authorised Signatory’s Name	Position in Company
Company Stamp	

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