



International Healthcare Plan (Core, Essential, Plus, Elite) – Group Formation Form

Aetna Global Benefits®

Explanatory Notes: This form should be completed by the **Group Administrator** authorised to accept a quotation and set up a plan for the **Plan Sponsor**. Please use BLOCK CAPITALS, check boxes as appropriate, and return this completed form to **Us** or your agent.

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This form should be read in conjunction with the International Healthcare Plan (IHP) Brochure and the Quotation Summary.

Words and phrases that are capitalised and in bold font have specific meanings and are defined in the IHP Brochure.

AGB 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**.

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

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

Please Retain a Copy for Your Records

Policies issued in Hong Kong are issued by GAN Assurances IARD and administered by Aetna Global Benefits (Asia Pacific) Limited, an Aetna Company. Policies issued outside of China, Hong Kong and Indonesia but within Asia Pacific are issued by Aetna Life & Casualty (Bermuda) Ltd and 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. Insurance Registration No. 02905813.

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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) 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

To assist you in communicating your **Benefits** plan to your **Employees** and their **Dependants**, **We** provide the following options:

<p>1. For Member packs, please advise which of the following delivery options you prefer:</p> <p><input type="checkbox"/> I prefer that Aetna Global Benefits send <u>electronic</u> Member packs. <i>If you select this option, please provide the plan administrator's e-mail address here:</i></p> <p>_____</p> <p><input type="checkbox"/> I prefer that Aetna Global Benefits send <u>printed copies</u> of the Member packs to the plan administrator. <i>If you select this option, please provide a mailing address here (including the plan administrator's or broker's name, as appropriate):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. For <u>membership ID cards</u>, please provide the desired central mailing address. <i>If the mailing address and contact information is the same as above, please check the following box:</i> <input type="checkbox"/> <i>Otherwise, please provide a mailing address here (including the plan administrator's name or broker's name, as appropriate). :</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

Section 6 – Membership Adjustments

There are three options from which to choose to adjust membership when **Members** leave or join the plan (please select one):

<p><input type="checkbox"/> Pay As You Go – Adjustments are credited or debited as adjustments are made.</p> <p><input type="checkbox"/> Periodic Adjustments - We will adjust your installment plan to incorporate membership adjustments.</p> <p><input type="checkbox"/> End of Year Adjustments – We will reconcile your account at year end.</p>
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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 with more than 500 **Employees/Members** can benefit from tailored and personalised Wellness Checkpoint reporting tools. 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.

<input type="checkbox"/> a) Cheque Payment Please make cheques payable to "Aetna Global Benefits (Asia Pacific) Limited". Please ensure the name of the Group (as declared in Section 1 of this form) is clearly stated on the back. 1. Payment Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> **Semi-Annual <input type="checkbox"/> **Quarterly
<input type="checkbox"/> b) Bank Transfer Our bank details for bank transfer are available upon request by contacting Our Hong Kong 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: <input type="checkbox"/> Annual <input type="checkbox"/> **Semi-Annual <input type="checkbox"/> **Quarterly

**A surcharge will apply. Please contact Aetna Global Benefits (Asia Pacific) Limited for further details.

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Section 10 – General Terms and Conditions

1. This document 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 Global Benefits 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 Global Benefits.
 - 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 Global Benefits. If the **Group Administrator** is not able to supply the required eligibility and enrolment 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 enrolment 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 Global Benefits 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 Global Benefits to perform its obligations for the **Group** and its **Employees**;
 - v. Use Aetna Global Benefit's enrolment and change forms in paper or electronic format, or must incorporate the following points into the enrolment 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 Global Benefits and that **Network** composition can change.
 - d) A written authorisation from the **Employee** indicating that they authorise Aetna Global Benefits 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 Global Benefits with consent to process personal or health care information; however, such failure to provide consent may result in declination of **Cover**.
 - b. 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:
 - i. Give access and distribute the Material only to covered **Members**.
 - ii. Place the Material only on its internal website (if applicable), which shall be available and accessible to authorised company personnel.
 - iii. 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.

continued

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Section 10 – General Terms and Conditions (continued)

- 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 Global Benefits by the **Group Administrator** of a future deletion(s) date(s) no more than 30 days in advance.

Section 11 – Declaration

This document serves as a contract between the **Group** and Aetna Global Benefits, 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 Aetna Global Benefits. 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 Aetna Global Benefits, including information relating to **Members** insured under the **Group** plan, will not result in violation of applicable privacy and data protection laws. Aetna Global Benefits 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 Aetna Global Benefits 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 am authorised to enter into this contract of insurance with Aetna Global Benefits (Asia Pacific) Limited 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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