

UltraCare plan

Group application

Medical History Disregarded (MHD)

(Internal use only – Small corporate)

Cover start date (dd/mm/yyyy):

Quotation number accepted:

Please complete this application clearly in BLOCK CAPITALS and tick the boxes where needed.

You must tell us about all material facts before we accept an application or renew the plan. All members seeking cover under the plan must take reasonable care to accurately and fully answer any questions that we ask. The questions in this application and any other information we ask for are essential for us to underwrite and administer your plan.

All members must also exercise reasonable care to make sure that all information or material facts that they supply to you or directly to us are true and correct, whether or not we have asked a question about such facts.

Material facts are those which we take into account in assessing whether to offer you insurance and, if so, at what premium and on what terms. If you have any doubt as to whether certain facts are material, please ask us or your insurance broker or intermediary if you have one.

Failure of any member under the plan to exercise reasonable care may:

1. entitle us to treat the plan as if it had never existed in relation to that member;
2. result in different terms being applied to that member under the plan; or
3. result in a claim not being paid in full or at all for that member.

Please do not assume that we will carry out any searches or contact any other person (including any medical practitioner) to check the answers to any of the questions on or information provided in this application. It remains your responsibility to complete the application and check that the information within it is accurate.

You should keep a record of all information that you have provided to us in respect of this insurance. If any of the details that you give on this application are different from the details that you gave when you received your quotation, your premium may be different.

A Group details

Company name:

Correspondence address:

Country:

Phone:

Fax:

Nature of business:

Plan administrator:

Direct phone:

Direct fax:

B Cover details

Type of plan(s):

 UltraCare Standard UltraCare Select UltraCare Comprehensive UltraCare Elite with free worldwide Travel add-on plan UltraCare Elite without free worldwide Travel add-on plan

Number of employees at the start of the plan:

Number of members at the start of the plan:

The following will be included on the plan:

 Employees Employees and all dependants

The company will pay for the following:

 Employees Employees and all dependants

C Group member eligibility

All the members to be covered on the Group plan must be included on a mandatory basis on the application. The company can include all employees, or all employees falling within a particular category as determined by the company (eligible* employees), on the Group plan.

1. Please tick an option below:

A	<input type="checkbox"/> All employees and their dependants to be included
B	<input type="checkbox"/> All employees to be included. Dependants will not be included on this plan
C	<input type="checkbox"/> All eligible* employees and their dependants to be included
D	<input type="checkbox"/> All eligible* employees to be included. Dependants will not be included on this plan
E	<input type="checkbox"/> Other (e.g. If any category has a voluntary element)

2. If you have selected C, D or E above please answer the following question:

What are the criteria for employees to be included on the plan? Are there different criteria for different categories?
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3. If you have selected C or E above, please answer the following question:

What are the criteria for dependants to be included on the plan? Are there different criteria for different categories?

* Eligible - as defined by you in answer to 2 and 3 above, to be agreed by us.

D Area of cover

<input type="checkbox"/> Area 1 Europe	Number of members:
<input type="checkbox"/> Area 2 Worldwide, not including the USA	Number of members:
<input type="checkbox"/> Area 3 Worldwide	Number of members:
<input type="checkbox"/> Area 5 Africa, Europe, Middle East, Indian sub-continent and the Philippines	Number of members:

E Add-on plans and benefits

Add-on plans can be purchased for some or all employees on the plan. Add-on plans can apply to the employee only or the employee and all of their dependants on the plan.

Do you want to add any of the following?

Travel add-on plan (do not complete if you have chosen UltraCare Elite)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please give us a list of all members who need this cover.

Personal accident add-on plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please give us a list of all members who need this cover and the number of units each member needs. Members can have 1, 2, 3, 4 or 5 units and all dependants must have the same number of units.

Members must be aged 18 to 74 when joining the Personal accident add-on plan.

The Personal accident add-on plan provides cover for managerial, clerical and administrative occupations only. The plan does not cover claims arising from engaging in manual or dangerous occupations or hazardous pursuits. If any member on this application engages in any hazardous pursuit or occupation which puts them at greater risk of a bodily injury caused by an accident, please give full details on a separate sheet and include it with this application. If you are in any doubt as to whether an occupation is manual or dangerous or a pursuit is a hazardous one, please tell us. If we agree to provide cover, extra premiums may apply.

F Currency

In which currency do you want to pay the premiums?

<input type="checkbox"/> US dollars (\$)	<input type="checkbox"/> GB pounds (£)	<input type="checkbox"/> Euros (€)
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The currency of the benefit limits will depend on the currency in which the premiums are paid.

G Payment options

NOTE: Following our recent acquisition by Aetna Inc. and our change of name to Aetna Insurance Company Limited, please note that our bank account details remain in the name of 'InterGlobal Insurance Company Limited' until further notice.

How often do you want to pay the premiums?

<input type="checkbox"/> Yearly	<input type="checkbox"/> Every six months	<input type="checkbox"/> Every three months
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How do you want to pay the premiums?

<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cheque or banker's draft	<input type="checkbox"/> Card	<input type="checkbox"/> Direct debit
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Bank transfers

Bank transfers must be in the currency of the plan. Please make sure that you give the company name and quotation or plan number as the reference for the bank transfer. Please send the payment to 'InterGlobal Insurance Company Limited' and to the corresponding details below:

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

To ensure that the full amount of your payment is received by us, please mark your bank transfer: 'PAY FULL AMOUNT' or 'Bank Charges Debit Account'. This does not apply to Euro payments.

Cheque or banker's draft

Cheques and banker's drafts must be in the currency of your plan and payable to 'Aetna Insurance Company Limited'. Please make sure that the company name and quotation or plan number are clearly shown on the back of the cheque or banker's draft in case your payment becomes separated from this application.

Card

We can accept card payments by Visa or MasterCard. Please complete the Credit card authority with this application. Please make sure that the card is valid for at least three months from the start date of the plan.

Direct debit

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

H Current and Planned treatment

Please list all members who:

- a) will be receiving in-patient or daycare treatment in a hospital at the start date; or
- b) will be receiving in-patient or daycare treatment in the future and are aware of this on or before the start date.

Name	Medical condition	Treatment details

Our underwriters may need further information about the details given.

I Medical History Disregarded (MHD)

Cover for members under this plan will be based on Medical History Disregarded (MHD) underwriting terms. Cover is subject to our acceptance, and will still be subject to the benefits, terms and conditions of the plan. Benefit condition BC5 and benefit exclusions BE1 and BE2 will not apply.

J Declaration

I declare that to the best of my knowledge and belief, the information in this application and in the Corporate membership census (attached) is true and complete.

I have read and understood the information provided on this application and the terms and conditions shown in the Plan guide and other documentation.

I agree on behalf of the planholder and the scheme members to accept and comply with the terms of the plan and in particular:

- i) to pay the premium for all persons insured by the plan in accordance with the policy wording;
- ii) to notify Aetna promptly of any changes.

I understand and agree that, unless the agreed premium, the completed application and the details of all scheme members have been received by Aetna, no claims for treatment will be authorised for payment by the insurer.

On behalf of the planholder, I confirm that I understand that all material facts must be disclosed to the insurer prior to accepting the contract and that non-disclosure of material facts by the planholder or members may invalidate the plan. The insurer reserves the right to cancel the plan for non-disclosure of material facts.

On behalf of all persons to be covered I confirm consent to the processing and use of personal and medical details by Aetna and relevant third parties and for the purposes of processing this application, policy administration, service provision, reinsurance, claims validation and fraud prevention.

I confirm on behalf of the planholder that personal data provided to the insurer has been collected fairly and lawfully (including observing any requirement to obtain the explicit consent of members) so as to enable the processing of the personal data by the insurer. Group members have been informed that their data, including medical data, will be processed or disclosed to or transferred to any organisation for the purpose of (i) assessing this application, (ii) providing on-going insurance cover, (iii) customer service and (iv) the processing of claims. I understand that the insurer is only able to provide financial or administrative information regarding the group scheme to the scheme administrator and not details of group members' individual medical claims in compliance with data protection regulations, unless explicit consent has been obtained from the individual member concerned.

I understand that Aetna Insurance Company Limited may use organisations located in the EEA or elsewhere to process and handle data. Where an organisation is located outside the EEA, Aetna Insurance Company Limited will take all necessary steps to ensure the organisation provides appropriate guarantees in respect of the technical and organisational security measures and that transfer and processing complies with all relevant data protection and privacy laws.

Full terms and conditions and details of our privacy policy can be found at www.interglobalpmi.com.

Authorised signature:	
Name:	Date (dd/mm/yyyy):
Position within the company:	

K Corporate membership census

Please complete the 'Corporate membership census' Excel document attached separately.

Whenever coverage provided by any insurance policy would be in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

Plans are underwritten by Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505). Plans are administered on behalf of the insurer by Aetna Global Benefits (UK) Limited, registered in England (Company Registration No. 03554885), which is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 312279). Both companies are registered at Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT, United Kingdom.