

UltraCare plan

Group member declaration

InterGlobal Limited has changed its name to Aetna Global Benefits (UK) Limited.

You must tell us about all material facts before we accept an application or renew the plan. A material fact is information likely to influence us in assessing and accepting the insurance. If you do not tell us all material facts or if you misrepresent any material facts, this may render the insurance voidable from inception (the start of the contract) and enable us to repudiate liability (entitle us not to pay your claims). If there is any doubt about whether a fact is material, for your own protection, you must tell us.

A Group details

Company name:

B Your personal details

Title: Mr Mrs Miss Ms

Other:

Family name (surname):

First name(s):

Date of birth (dd/mm/yyyy):

Sex: M F

Country where you live:

Nationality on passport:

Occupation:

C Dependants to be covered

Dependant 1

Title: Mr Mrs Miss Ms

Other:

Family name (surname):

First name(s):

Date of birth (dd/mm/yyyy):

Sex: M F

Country where they live:

Nationality on passport:

Occupation:

Relationship to you:

Dependant 2

Title: Mr Mrs Miss Ms

Other:

Family name (surname):

First name(s):

Date of birth (dd/mm/yyyy):

Sex: M F

Country where they live:

Nationality on passport:

Occupation:

Relationship to you:

Dependant 3

Title: Mr Mrs Miss Ms

Other:

Family name (surname):

First name(s):

Date of birth (dd/mm/yyyy):

Sex: M F

Country where they live:

Nationality on passport:

Occupation:

Relationship to you:

C Dependants to be covered (continued)

Dependant 4

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:
Family name (surname):	First name(s):
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Country where they live:	Nationality on passport:
Occupation:	Relationship to you:

If you have any more dependants to be covered, please give us details on a separate sheet of paper and send it to us with this application.

D Medical questionnaire

Please answer the following questions:

1. Have you or any of your dependants on this application been advised that they will require in-patient, daycare or out-patient treatment in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you or any of your dependants on this application aware of any disability, recurrent or new illness or abnormality that they will require in-patient, daycare or out-patient treatment for in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you or any of your dependants on this application ever had any history of cancer (including benign brain tumours), heart disease or stroke, joint replacement, psychiatric or mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer yes to any of the above questions, please provide details in section G Medical details.

E Data Protection

We are committed to protecting your personal data and privacy. Any personal information that we collect from you will be kept confidential and will be processed in accordance with relevant legislation, medical confidentiality guidelines and our own strict internal policy.

We will use any personal data to process your claims, administer your plan, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer services and for statistical analysis.

We may also, in carrying out your instructions, processing and administering claims, transfer your personal data to agents, other Aetna entities or third parties acting on our behalf. However, wherever it is held and processed, your personal data will be protected by a strict code of secrecy and security which we and any third parties working on our behalf are subject to and will only be used in accordance with our instructions.

Your information may also be used for fraud prevention and audit purposes. If you give us false or inaccurate information and we suspect fraud, we will record this. We may pass such information to law enforcement or other legal agencies, governmental or judicial bodies, or to regulators.

In order to assess the terms of the contract of insurance, including specific medical exclusions, or to administer claims, we may collect medical information. Your medical information will only be disclosed to those involved with your treatment or care, including your medical practitioner, or their agents. If you ask us to, we will also send your medical information to any person or organisation that may be responsible for meeting your treatment expenses, or their agents. Your information may be discussed with your group's agent or broker if you have requested the broker to assist you in handling your claims and you have authorised us to provide them with such medical information.

If you want us to disclose your medical information to another individual or next of kin, you must tell us. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, we may be required to disclose such information to relatives, family members or other third parties.

All membership documents will be sent to the planholder.

To help us ensure that your personal information remains accurate and up to date, please inform us of any changes.

We may, from time to time, provide you with marketing information about our products and services and those of any associated companies which may be of interest to you. If you do not want us to use your details in this way, please tick the box.

F Declaration

I have read, understood and agree to keep to the terms and conditions shown in the Plan guide, along with all eligible dependants included in this application or any dependants I enrol in the future after the start date of the plan. I confirm that I have authority to give Archipelago Life Insurance Limited and/or Aetna information about my dependants referred to in this application and where necessary that I have checked with them that the information I have provided is correct. I confirm that to the best of my knowledge, the information I have provided on this application is complete and accurate and that it contains all the information required.

I consent to any personal data, including medical information, that you may collect about me and my dependants, being processed by Archipelago Life Insurance Limited and/or Aetna.

I understand that should I or one of my dependants attend a hospital/clinic/medical facility where direct billing or cashless arrangements are in place and the claim is subsequently found to be ineligible, Archipelago Life Insurance Limited and/or Aetna have the right to recover the full amount of the ineligible claim from myself, the dependant/s or the planholder.

I declare that the information I have provided in this application is correct in all respects.

For your own benefit and protection, you should read the terms and conditions shown in the Plan guide carefully before signing this declaration. If you do not understand any point, please ask for more information.

Name:	Signature:
Date (dd/mm/yyyy):	

G Medical details

Name	Question number	Symptom and/or medical condition	When did the symptoms start?	What treatment did you receive and when? (Please include dates and any medication prescribed)	What was the outcome of the treatment? (e.g. ongoing, still under review, complete recovery, recurrent or likely to recur?)

If you require more space, please give us details on a separate sheet of paper and send it to us with this application.

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.

Archipelago Life Insurance Limited. Registered in Labuan. Licence No. IS2013141. Company No. LL09829. B-08-07 Gateway Corporate Suites, Gateway Kiaromas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia. Tel. +603 6201 0899 F. +603 6201 0481 Email customerservice@archipelagolife.com

All plans are underwritten by Archipelago Life Insurance Limited and administered 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), Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT, United Kingdom. Archipelago Life Insurance Limited is licensed by Labuan FSA, Company No. LL09829, Licence No. IS2013141.

Registered office address: Level 1, Lot 7, Block F, Saguking Commercial Building, Jalan Patau-Patau, 87000 Labuan FT, Malaysia.