Archipelago
Life Insurance Limited

UltraCare plan

Group application

Continuation of Personal Medical Exclusions (CPME) transfer

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. 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:
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	☐ All employees and their dependants to be included
B	☐ All employees to be included. Dependants will not be included on this plan
C	☐ All eligible* employees and their dependants to be included
D	☐ All eligible* employees to be included. Dependants will not be included on this plan
E	☐ 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?

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

☐ **Area 2** Worldwide, not including the USA	Number of members:
☐ **Area 3** Worldwide	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)	☐ Yes ☐ No

If yes, please give us a list of all members who need this cover.

Personal accident add-on plan	☐ Yes ☐ No

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

Premiums must be paid in US dollars ($). The currency of the benefit limits will be in US dollars ($).

G Payment options

How often do you want to pay the premiums?

☐ Yearly	☐ Every six months	☐ Every three months

How do you want to pay the premiums?

☐ Bank transfer	☐ Cheque or banker's draft	☐ Card

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 'Archipelago Life Insurance Limited' and to the corresponding details below:

US dollar ($) Account	
Bank:	Alliance Bank Malaysia Berhad
Address:	Unit A-0G-02, Block A Plaza Mont' Kiara 2, Jalan Kiara, Mont' Kiara 50480 Kuala Lumpur, Malaysia
Account No:	1419 4101 0002 039
Swift Code:	MFBBMYKLXXX

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'.

Cheque or banker's draft

Cheques and banker's drafts must be in the currency of the plan and payable to 'Archipelago Life Insurance 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 the 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.

H Continuation of Personal Medical Exclusions (CPME)

If members transfer from another insurer we may offer to continue the same underwriting terms including any special exclusions which previously applied to them. Members will not be subject to any new personal underwriting terms. Cover will still be governed by the benefits, terms and conditions of the plan with us except for benefit exclusion BE1 in the Plan guide. CPME terms may not be available to new entrants onto a Group CPME scheme. Each new member will be assessed separately and we may offer MORI terms if the CPME criteria applicable to the rest of the group are not met.

I 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 Archipelago Life Insurance Limited or its administrator 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 Archipelago Life Insurance Limited, 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.

I understand that this declaration and information in this application will form the basis of the contract between Archipelago Life Insurance Limited and the planholder.

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.

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

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.
Co-located office address: B-08-07 Gateway Corporate Suites, Gateway Kiaramas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia.
Tel. +603 6201 0899 F. +603 6201 0481 Email customerservice@archipelagolife.com