

# UltraCare plan

## Group member application

For office use only: MORI

InterGlobal Insurance Company Limited has changed its name to Aetna Insurance Company Limited. The company will continue to trade under the 'InterGlobal' brand until further notice. InterGlobal Limited has changed its name to Aetna Global Benefits (UK) Limited.

The words 'Aetna' and 'other Aetna entities' when used in this document mean Aetna Insurance Company Limited and include any other Aetna International Inc. group company as the context requires.

Cover start date (dd/mm/yyyy):

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

### IMPORTANT – PLEASE READ

#### Completing this application

The questions in this application and any other information we ask for are essential for us to be able to assess whether to add you (and any of your dependents) to the UltraCare plan (and any applicable add-on plans), on what terms and at what price. Please take reasonable care to answer all the questions we ask honestly and to the best of your and your dependent's (if applicable) knowledge. If you do not answer the questions correctly, it may:

- entitle us to avoid the relevant member's coverage under the plan, refuse all claims the relevant member has made under the plan and retain any premium paid in relation to that member,
- result in us applying different terms to the relevant member's coverage under the plan, or
- result in us reducing a claim payment due to the relevant member to reflect the different premium which we would have charged in relation to that member.

We will not carry out any searches or contact any other person (including your doctor) to check your answers or the information you provide with this application.

You should keep a record of all information that you have provided to us.

## A Your personal details

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
Address:	
Town:	City:
Postcode:	Country:
Phone:	Mobile:
Country where you live:	Nationality on passport:
Occupation:	

## B Dependants to be covered

### Dependant 1

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:

## B Dependants to be covered (continued)

### Dependant 2

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:

### Dependant 3

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:

### 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.

## C Doctor's or medical practitioner's details in your home country

Please give the contact details of any family doctor or medical practitioner who has treated you or your dependants in the last two years. If you do not provide this information, it may delay us in processing any claims.

Name:	Name:
Hospital, clinic or practice:	Hospital, clinic or practice:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
Address:	Address:
Postcode:	Postcode:

## D Doctor's or medical practitioner's details in the country where you live

Please give the contact details of any family doctor or medical practitioner who has treated you or your dependants in the last two years. If you do not provide this information, it may delay us in processing any claims.

Name:	Name:
Hospital, clinic or practice:	Hospital, clinic or practice:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
Address:	Address:
Postcode:	Postcode:

## E Pre-existing medical conditions

We will not cover you or any of your dependants under this plan for treatment of any pre-existing medical conditions or related medical conditions, as set out in benefit exclusion BE1 of the Plan guide. We may place a moratorium period on your plan after which you may be eligible for treatment for a pre-existing medical condition.

The 24-month moratorium is a waiting period of 24 months from your date of joining, or the date shown on the special terms section of your Certificate of insurance, that must have passed before claims for pre-existing medical conditions may be eligible under the plan. Please read benefit exclusion BE1 in the Plan guide. The moratorium also applies to add-on plans.

A pre-existing medical condition or related medical condition is one that, within a 24-month period before the date of joining or the date shown on the special terms section of your Certificate of insurance, has one or more of the following characteristics:

- was foreseeable;
- clearly showed itself;
- you had signs or symptoms of;
- you asked for advice about;
- you received treatment for;
- to the best of your knowledge, you were aware you had.

Pre-existing medical conditions or related medical conditions may be covered after you have had 24 months' continuous cover under the plan and within that time you have not:

- experienced symptoms;
- asked for advice; or
- needed or received treatment, medication or a special diet.

If you have:

- experienced symptoms;
- asked for advice; or
- needed or received treatment, medication or a special diet;

then you will have to wait until you have completed a continuous 24-month period when none of these apply to you. Pre-existing medical conditions or related medical conditions may then be covered. This is the rolling part of the moratorium.

## F Data Protection

Aetna Global Benefits (UK) Limited ('Aetna', 'we') is the data controller of personal data collected and processed for the purposes set out in this document. Aetna considers personal data or personal 'information' to be confidential. We protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own company privacy policies.

These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules), the General Data Protection Regulation (GDPR), the UK Data Protection Act 2018 and any applicable EU member state legislation and derogations.

We will use your personal data to determine eligibility and provide a quotation to you or to your broker; onboarding you to the plan, process payments, premiums and claims; managing, administering and improving your policy; investigating and responding to complaints; contact you with information about your plan and for the purposes of providing healthcare or wellness advice; fraud prevention together with any other regulatory checks; establish, exercise or defend legal claims or rights and to protect, exercise and enforce our rights, property or safety.

Where your health data is used for any of the above we rely on the insurance condition provided under the UK Data Protection Act 2018, which means we don't need to acquire your consent for the processing.

We retain your personal data for as long as necessary to provide you the benefits under your insurance plan, until such time as any claim under the insurance policy is concluded, until the limitation for exercising any legal rights has expired or for compliance with any legal or regulatory requirements. We may disclose information about you in various ways, including, but not limited to: health care operations, treatment, disclosure to other covered entities, plan administration, research, business associates, industry regulation, law enforcement, legal proceedings and public welfare.

In all situations other than those described above, we will ask for your written authorization before using or disclosing information about you.

We will not send any personal data or health information outside the EEA unless the appropriate protections are in place, or unless there are emergency medical ground for doing so.

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

You have the right to access to your personal information, to request correction, erasure, restriction of processing, transfer of your information, and object to the processing of your personal data.

If you would like to exercise any of your rights relating to your personal data, or enquiry any further information, please contact our designated Data Protection Officer:

Data Protection Officer

50 Cannon Street,

London EC4N 6JJ

United Kingdom

Or

dpo@aetna.com

You can find our full terms and conditions and details of our privacy policy at <https://www.aetnainternational.com/en/about-us/legal-notices.html>

## G Declaration

I am applying to be covered under the UltraCare plan (and any applicable add-on plans) together with the dependants listed in this application, which are subject to the terms and conditions of the relevant Plan Documentation.

I confirm that I have read this application in full, understand it, have followed its instructions and agree to all of its terms.

I declare that I will inform Aetna if the answers to the questions set out in this application, or any other information I provide to Aetna in response to its questions, as applicable, change between the date of signing of this declaration and the date the cover commences.

I confirm that where the plan to which I am subscribing provides cover for a dependant, I have checked with that dependant that the information relating to him or her which I have provided you with is answered honestly to the best of my and his or her knowledge, having taken reasonable care, and that I have their consent to (i) provide the information about them in this application and (ii) make the declaration in this section G, on their behalf.

I consent, on my own behalf and on behalf of my dependants, to any personal data, including medical information, that Aetna may collect about me and my dependants being used in the way described in section F.

I authorise the doctor(s) named in sections C and D or any other medical establishment, including any other health professional who has treated me and any of my dependants included under the plan(s), to give you any information you may need in connection with this application, the plan(s) or any claim made under the plan(s).

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

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

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

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

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 50 Cannon Street, London, EC4N 6JJ, United Kingdom.