

UltraCare plan

Group application

Medical History Disregarded (MHD)

(Internal use only – Large 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 (the plan sponsor or such person acting on its behalf) must, in accordance with Section 3 of the UK Insurance Act 2015, make a fair presentation of the risk to be insured by us under the UltraCare plan (and any applicable add-on plans) you are applying for. In summary, you must make sure that you disclose to us every material circumstance which you know or ought to know and, failing that, you must give us sufficient information to put us on notice that we need to make further enquiries in order to reveal material circumstances. A matter is material if it would influence our judgement as to whether to offer you insurance or the terms of that insurance (including premium). Every disclosure made to us by you must be made in a reasonably clear and accessible way and you must ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

If you breach your duty to make a fair presentation of the risk in relation to the plan, it may:

- entitle us to avoid your plan, refuse all claims and retain any premium,
- result in us applying different terms to your plan, or
- result in us reducing a member's claim payment to reflect the different premium which we would have charged in respect of that member.

In addition to the above, all members to be covered by your plan(s) must take reasonable care to answer any questions that we ask them honestly and to the best of their knowledge before we accept their addition to the plan(s). If any member does not answer any question correctly, it may:

- entitle us to avoid coverage under the plan for that member, refuse any claims made by that member and retain any premium paid by you for that member's coverage under the plan,
- result in us applying different terms to that member's coverage under the plan, or
- result in us reducing a claim payment to that member to reflect the different premium which we would have charged in respect of that member.

We will not carry out any searches or contact any other person (including any doctor) to check your answers or the information you provide with this application. This also applies to any information provided by any members in connection with their proposed coverage under the plan.

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

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):

<input type="checkbox"/> UltraCare Standard	<input type="checkbox"/> UltraCare Select	<input type="checkbox"/> UltraCare Comprehensive
<input type="checkbox"/> UltraCare Elite with free worldwide Travel add-on plan	<input type="checkbox"/> 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:	<input type="checkbox"/> Employees	<input type="checkbox"/> Employees and all dependants
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The company will pay for the following:	<input type="checkbox"/> Employees	<input type="checkbox"/> Employees and all dependants
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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) 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

In which currency do you want to pay the premiums?

US dollars (\$) GB pounds (£) Euros (€)

The currency of the benefit limits will depend on the currency in which the premiums are paid.

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 Direct debit

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	Bank:	HSBC Bank plc	Bank:	HSBC Bank plc
Address:	8 Canada Square London E14 5HQ United Kingdom	Address:	8 Canada Square London E14 5HQ United Kingdom	Address:	8 Canada Square London E14 5HQ United Kingdom
Account No:	67348768	Account No:	41611593	Account No:	67348776
Sort Code:	40-05-15	Sort Code:	40-21-05	Sort Code:	40-05-15
Swift Code:	MIDL GB22	Swift Code:	MIDL GB22	Swift Code:	MIDL GB22
IBAN No:	GB68 MIDL 400515 67348768	IBAN No:	GB84 MIDL 402105 41611593	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 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.

I Plan Information

How do you want to receive plan information?

We consent to the plan sponsor and members receiving information by electronic means instead of paper.

By consenting to this, the plan sponsor and members will receive information about the plan by email, online and through our secure member website instead of by way of a paper copy. You are still entitled to request to receive information in a paper copy free of charge at any time.

OR

We would like the plan sponsor and members to receive information by way of paper copy.

J Declaration

I on behalf of the planholder 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 in the information given to them in connection with this application (including any application to add a member to the plan).

I understand and agree on behalf of the planholder 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.

I declare on behalf of the planholder that the planholder has made a fair presentation of the risk, by disclosing all material circumstances which it knows or ought to know or, failing that, by giving Aetna Insurance Company Limited sufficient information to put it on notice that it needs to make further enquiries in order to reveal material circumstances.

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.

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.