

Executive Healthcare Plan Group Plans – Formation and Medical Declaration

Explanatory Notes: Please read through the following before completing this application and complete in BLOCK CAPITALS or check boxes as appropriate.

- Note 1:** The group administrator name given should be the person who will be the company's regular contact for correspondence and administration purposes.
- Note 2:** The definition of those members of staff to be covered under the plan could for example be – "senior managers, all staff with more than one year's service," etc.
If defining more than two categories, please provide details on a separate sheet of paper.
- Note 3:** Where an employee's child **Dependants** are to be included under the group plan, all children must be unmarried and under the age of 18 years (or 23 years if in full-time education).
- Note 4:** The details shown in **Section 3** should match the group quotation terms proposed/accepted by Aetna International.

Aetna International reserves the right to amend or withdraw its offer of cover should there be any material change to the original risk.

Please return this completed form to one of the following offices:

Executive Healthcare Solutions Limited
10th Floor, IPS Building
Kimathi Street
PO Box 51343, 00200- City Square
Nairobi, Kenya

T: (254 20) 221 9621/9826
F: (254 20) 222 9006
E: info@executive-healthcare.com

Aetna International
PO Box 6380
Dubai, UAE

T: + 971 4 433 0400
F: + 971 4 428 7100
E: MEASales@aetna.com

Section 1 – Group Details

Company Name (Kindly attach a copy of certificate of incorporation to this application.)		
Name(s) of Any Subsidiary Company/ Companies To Be Included		
Type of Business		
Address		ZIP/Postal Code
Group Administrator (<i>see Note 1 above</i>)		Job Title
Telephone	Fax	E-mail
Intermediary (if applicable)		

Section 2 – Cover Details

Preferred Commencement Date (Day/Month/Year)	To Be Insured (<i>see Note 3 above</i>) <input type="checkbox"/> Employees Only <input type="checkbox"/> Employees and Dependants
Number of Employees To Be Covered	Definition of Staff (<i>see Note 2 above</i>)

Section 3 – Underwriting

(<i>see Note 4 above</i>)	Previously Uninsured Group	Previously Insured Group	Additional New Members
Two Year Moratorium (MORI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continued Personal Medical Exclusions (CPME) with Employer Declaration of Medical Facts	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Medical History Disregarded (MHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Retain a Copy for Your Records

Policies issued outside the United Arab Emirates (UAE) are insured by Aetna Life & Casualty (Bermuda) Limited or by another insurance company as stated in your policy schedule. Policies issued outside the UAE are administered by Aetna Global Benefits Limited - A Company Regulated by DFSA and Aetna Health Services (Middle East) FZ LLC.

Section 4 – Expiring Insurance Plan Details

Is the Group Currently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer		
Current Plan Name			Expiry Date (Day/Month/Year)
Expiring Underwriting Terms		Variations to Standard Terms	

Section 5 – Additional Options (The Executive Healthcare Plan enables **You** to choose various Standard Plan Designs and Optional Modules to suit **Your** personal requirements. Please clearly check the Standard Plan Design you require, any Optional Modules **You** have selected and the **Excess You** require. **Your Policy** will be issued on this basis. If no boxes are checked in this section, it will be assumed that cover required is Area 1 Foundation Plan with standard US\$ Nil Policy Excess.)

Geographical Cover	Product Selection		
Core Products:	Major Medical	Foundation	Lifestyle
<input type="checkbox"/> Area 1 - Africa plus India, Pakistan, Bangladesh and Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Area 2 - Worldwide excluding USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Area 3 - Worldwide*	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>

* (Excess options are limited to US\$40, US\$80, US\$150)

Product Options:	Major Medical	Foundation	Lifestyle
<input type="checkbox"/> Exclude Pregnancy Cover	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Routine Management of Chronic Conditions*	Not Applicable	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/> Medical History Disregarded**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wellness*	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Routine Dental Treatment*	Not Applicable	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/> Vision Care***	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>

* For compulsory groups of three or more employees only

** For compulsory groups of ten or more employees only

*** For compulsory groups of five or more employees only

Policy Excess:				
• Major Medical	<input type="checkbox"/> US\$250	<input type="checkbox"/> US\$750	<input type="checkbox"/> US\$1,500	<input type="checkbox"/> US\$4,000
• Foundation	<input type="checkbox"/> US\$40	<input type="checkbox"/> US\$80	<input type="checkbox"/> US\$150	<input type="checkbox"/> US\$250
	<input type="checkbox"/> US\$400	<input type="checkbox"/> US\$750	<input type="checkbox"/> US\$1,500	<input type="checkbox"/> US\$4,000
• Lifestyle	<input type="checkbox"/> US\$40	<input type="checkbox"/> US\$80	<input type="checkbox"/> US\$150	<input type="checkbox"/> US\$250

Section 6 – Premium Payment (Please check which payment method **You** require and complete all details relevant to that method.)

Payment Frequency: Please declare the frequency of payment required. Note that, regardless of frequency, all contracts are annual. A bi-annual and quarterly payment frequency will carry an extra 5% loading and monthly payment frequency will carry an extra 8% loading. Please check as appropriate (if no indication is given an annual frequency will be assumed).	
<input type="checkbox"/> Annual Payment <input type="checkbox"/> Bi-Annual Payment <input type="checkbox"/> Quarterly Payment <input type="checkbox"/> Monthly Payment (Credit Card Only)	
<input type="checkbox"/> a)	Banker's Cheque: All Banker's Cheques must be payable to "Aetna Global Benefits Limited". Please ensure that the name of the Policyholder (as declared in Section 1 of this form) is clearly stated on the reverse of the cheque.
<input type="checkbox"/> b)	Bank Transfer: Please ensure that the name of the Policyholder is clearly stated on any bank transfer. Our bank details are available on request by contacting our local representative office. We cannot accept liability for any bank transfer which does not clearly identify the Policyholder .

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Section 6 – Premium Payment (Continued)☐ c) **Credit Card (US Dollars only):**☐ VISA☐ MasterCard

1. Credit Card Number:

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2. Expiry Date (Day/Month/Year):

3. Cardholder's Name:

4. Cardholder's Statement Address:

5. Cardholder's Authorisation Signature:

6. Signature Date (Day/Month/Year):

For payment method C, please note that **Your** premium will be collected upon receipt of this application which may be in advance of the **Commencement Date**. All transactions will be undertaken in UAE Dirhams at the prevailing rate.

If the annual premium exceeds USD 16,500, **We** are required to carryout identity checks of the **Policyholder** by collecting his/ her copy valid photo identity documents- passport, driving license, national identity card or any other photo identity document issued by Government. Kindly attach a copy of the same with this application.

Section 7 – Recurring Transaction Authority

Your authority to Aetna International to claim amounts due from **Your** VISA or MasterCard account and signature:

I authorise **You** to charge to my above chosen card an unspecified amount in respect of medical insurance premiums as and when they become due. I understand that Aetna International will advise me of the amount to be paid and the dates on which payment is due and that Aetna International may only change these after giving me prior notice. I understand that this authority in favour of Aetna International will remain in force until such a time as I cancel it in writing/e-mail instruction to Aetna International.

Cardholder's Authorisation Signature

Date (Day/Month/Year)

E-mail (where signing online)

Section 8 – General Terms and Conditions

1. This document forms part of the contract and must be read together with the **Policy Wording, Policy Schedules** and Application Form(s), where applicable [see points below].
2. This Contract of Insurance will take effect on the **Commencement Date** as notified to you separately and shall continue for a period of 12 months or until the next **Renewal Date** or until the **Policy** is cancelled for whatever reason, whichever is sooner.

The Contract of Insurance is subject to Anti Money Laundering checks on proposed members and the Group.
3. Group Eligibility
 - a) A group can only be made up of employees of the same company or members of an existing and registered affinity group.
 - b) For a group that consists solely of members of the same family, it must be fully substantiated that such members are all working for the same employer.
 - c) Where a husband and wife are both employed by the same company, they are deemed to be one employee plus eligible **Dependant** NOT two employees.
 - d) The minimum size of a group at inception or renewal is three current employees or affinity members. If the membership is below three at inception or at a subsequent **Renewal Date**, then the group cannot continue.
4. The inception premium must be received within a maximum of 30 working days from the **Commencement Date** of the **Policy**. No claims will be paid until this is received.
5. Renewal premiums must be received by **Renewal Date**. If full renewal premium and any applicable taxes or local levies are not received by **Renewal Date**, claims will be suspended and cover will lapse. Aetna International may, at their discretion, reinstate cover if full premium and any applicable taxes or local levies are subsequently received.

*continued***Please Retain a Copy for Your Records**

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Section 8 – General Terms and Conditions (Continued)

6. Cover is only provided for group members (and eligible **Dependants**) where declared and accepted by Aetna International.
- a) New group members (and eligible **Dependants**) can be added to the **Policy** mid-term subject to the following:
 - i) For affinity, voluntary groups and compulsory company paid groups with less than 20 employees, a Group Application Form or Continuous Transfer Form must be completed by each and every group member.
 - b) For compulsory company paid groups with more than 20 employees, the group administrator may supply the Information electronically, in a format approved by Aetna International. If the group administrator is not able to supply the required eligibility and enrollment information ("Information"), a separate Group Application Form or a Continuous Transfer Form must be completed by each applicant. If Group chooses to enroll electronically, Group shall:
 - i) Maintain a reasonably complete record of the enrollment and eligibility information ("Information"). The records may be filed and kept under any acceptable and commercially reasonable format and they shall meet reasonable standards of availability, authenticity, non-repudiation, and integrity (the "Records"). The Records shall include any original forms, including member enrollment applications containing the signature of covered members which provide consent for Aetna International to process personal and health information. The Records should also contain sufficient documentation to support coverage requests for students or handicapped dependants requesting coverage through an eligible employee and beneficiary designations;
 - ii) produce the Records upon reasonable request;
 - iii) transmit the Information in the exact way that it is contained in the Records;
 - iv) obtain from its employees and their **Dependants**, information including authorisations, reasonably necessary for Aetna International to perform its obligations for the Group and its employees;
 - v) use Aetna International's enrollment and change forms in paper or electronic format, or must incorporate the following points into the enrollment materials:
 - a. Name(s) of the Aetna Company offering the insurance coverage
 - b. A statement that the terms of the insurance documents will govern the member's rights and responsibilities; and
 - c. An acknowledgement that participating providers are not agents or employees of Aetna International and that network composition can change.
 - d. A written authorisation from the employee indicating that they authorise Aetna International to process the personal/health information of their spouse, competent adult **Dependants**, and themselves; they have discussed the terms of the authorisation with their spouse and competent adult dependants and have obtained their authorisation to release/process their personal/health information; that the information may be shared with affiliates and Executive Healthcare Solutions, government authorities with appropriate jurisdiction, and third parties with whom Aetna contracts worldwide, for activities related to the operation of the health plan and other insurance operations. Notification that the employee may revoke this authorization at any time, to the extent it has not been relied upon by Aetna or other party; opt out of any direct marketing campaigns; and decline to provide Aetna International with consent to process personal or healthcare information; however, such failure to provide consent may result in declination of coverage.
 - e. NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or who conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
 - c) Group may receive certain **Benefit** Plan information and documentation (the "Material") electronically and may publish the Material on its internal website. Group shall, with respect to the Material to be electronically published or provided to its employees:
 - i) give access and distribute the Material only to covered members.
 - ii) place the Material only on its internal website (if applicable), which shall be available and accessible to authorized company personnel.
 - iii) place in the electronic memo or on the internal website (if applicable) a disclaimer stating: "This information/material is provided solely for general guidance about the terms of your benefit plan. In the event of any conflict between this information and terms and conditions of the policy and related plan documents delivered to the employer, the policy and related plan documents will govern."
 - d) Group agrees that in placing the Material on its internal website, it shall not make any change to the terms of the policy, plan forms, or related plan documents, and shall promptly amend such information to correct errors or reflect changes in any plan term or form. Group further agrees to take appropriate steps to prevent improper access, changes or usage of the material by unauthorized personnel no matter the means distributed. Furthermore, Group agrees to mitigate, to the extent practicable, any harmful effect of an improper access, changes or usage of the material by unauthorised personnel.

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Section 8 – General Terms and Conditions (Continued)

- e) Group shall retain all information required by this Form for a period of not less than seven (7) years.
 - f) Group agrees to indemnify, and hold Aetna harmless from any costs, expenses, claims or judgments, including counsel fees that Aetna incurs as a result of Customer's failure to comply with the terms of this Agreement.
 - g) Payment for additions must be received within 14 days of acceptance date. If these conditions are not met, all cover will be deemed null and void without further notice. For additions to plans that have opted for end of year adjustments, six monthly payments or quarterly payments, the funds must be received by due dates otherwise all cover will be deemed null and void.
 - h) Group members and/or their eligible **Dependants** can be deleted from the date of notification in writing by the group administrator for which a pro rata return of premium will be calculated. Notification may be given to Aetna International by the group administrator of a future deletion(s) date(s) no more than 30 days in advance.
7. Accountability for any misuse of individual membership cards issued by Aetna International or the insurers to employees (and their eligible **Dependants**) lies with the group administrator, on behalf of the group, who holds responsibility to gather and return such cards upon deletion of employees (and their eligible **Dependants**) from cover.
- In the event of being unable to return the **Direct Settlement Network** card for deleted group members, the group administrator, on behalf of the group, acts as guarantor that any claims incurred against such members' cards after their individual deletion dates, will be borne by the group.

Section 9 – Declaration

I declare that I am authorised by the Company to enter into this Contract of Insurance with Aetna International.

I declare that I have understood and accepted the General Terms and Conditions in **Section 8** of this Group Formation Form.

I understand that subscriptions due under the group plan must be paid in full by the agreed due date to Aetna International.

In the event that premiums are not paid by the due date, I understand that cover will be automatically cancelled.

I declare that the transfer by the Company of personal data to Aetna International, including information relating to employees insured under the group plan, will not result in violation of the Data Protection Act 1998. For Data Protection Act purposes, Aetna International will hold and process personal data, including personal sensitive data, provided by Company for the purpose of insurance administration and other activities related to this Contract of Insurance. This information may be passed worldwide to select third parties.

I declare that the information given to Aetna International for the purpose of entering into this Contract of Insurance is true and complete and that no material facts have been withheld.

I/**We** hereby declare to the best of my/**Our** knowledge that no **Insured Person** has received **In-Patient Treatment** of any kind within the last three months, and that no **Insured Person** or potential **Insured Person** has any on-going or planned **In-Patient Treatment** of any kind.

Furthermore, I/**We** declare that to the best of my/**Our** knowledge, no **Insured Person** or potential **Insured Person** has any on-going or planned **Treatment** in respect of cancer, heart, lung, orthopedic or psychiatric related conditions.

I/**we** accept that any personal exclusions/limitations relating to an **Insured Person's** or potential **Insured Person's** existing cover will be maintained by Aetna International.

For Data Protection Act purposes, Aetna International will hold and process **Your** personal data for insurance administration. The information may only be passed to selected third parties and re-insurers.

You consent to **Our** processing sensitive data about **You** and other **Insured Persons** or potential **Insured Persons** who may be included in the **Policy**. **You** understand that all personal data **You** supply must be accurate and **You** have the specific consent of those **Insured Persons** or potential **Insured Persons** to disclose their personal data. Telephone calls may be monitored and/or recorded.

Authorised Signatory Signature	Date (Day/Month/Year)
Please Print Authorised Signatory's Name	Position in Company
Company Stamp	

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