



International Healthcare Plan – Application for Broker Facilities

Aetna Global Benefits®

Please return this completed form to **Us**.

Aetna Global Benefits (Middle East) LLC
PO Box 6380
Dubai, UAE

T: + 971 4 438 7500
F: + 971 4 428 7100
E: MEASales@aetna.com

A. Broker Facilities Detail

| | | |
|---|-----|--------------------------|
| 1a. Broker Trading Name | | 1b. Trade License Number |
| 1c. Full Company Name – As per Trade License – Kindly attach a copy of valid Trade License | | |
| 2a. Company Address | | Zip/Postal Code |
| Telephone | Fax | Email Address |
| 2b. Registered Address (if different from above) | | Zip/Postal Code |
| Telephone | Fax | Email Address |
| 3. Occupational/Nature of Business | | |
| 4a. Company's Paid-up Share Capital | | |
| 4b. Is Your company: | | |
| a) authorised and regulated by any regulatory authority? If Yes, please provide: | | |
| i) date of registration (Day/Month/Year): _____ | | |
| ii) name of authorising body and registration number: _____ | | |
| If No, please state if: i) an application is pending: _____ | | |
| ii) an application has not been made: _____ | | |
| If You have insufficient space in any section, please provide full details on separate sheet. Kindly attach a copy of the registration certificate for Our reference and record. | | |
| b) a member or registered with any official insurance institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please name institution. _____ | | |
| c) or has it been subject to any regulatory enforcement action? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. a) How many years has Your organisation been established? _____ | | |
| b) Please provide the full name and address of Your agency's ultimate holding company: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| c) Has Your organisation enforced documented Policies and procedures for all of it's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| d) Is Your organisation registered with it's regional data privacy registrar? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please state it's number: _____ | | |
| e) Is Your organisation, it's contractors, sub agents or customers connected to a government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| f) Does Your organisation have enforced procedures to prevent inducements being offered or received to generate business by it, it's staff or associates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| g) How many employees including executive directors? _____ | | |
| h) How many individuals are actively selling international medical insurance in Your organisation? _____ | | |

continued

Please Retain a Copy for Your Records

Policies issued in the United Arab Emirates (UAE) are issued by Royal & SunAlliance (RSA) and administered by Aetna Global Benefits (Middle East) LLC, an Aetna Company Aetna Global Benefits (Middle East) LLC. Registered address: 416, Oud Metha office, PO Box 6380, Dubai, UAE. Aetna.

A. Broker Facilities Detail (Continued)

8. Do **You** have professional indemnity cover?..... Yes No
*If Yes, please send a copy of **Your** certificate, which should state:*

a) With Whom: _____
 b) Certificate Number: _____
 c) Limit of Indemnity: _____
 d) **Excess** Level, if any: _____

9. a) The annual written premium income for **Your** private medical insurance portfolio is in the range (check applicable premium):
 i) US\$ 0m - US\$ 0.5m
 ii) US\$ 0.5m - US\$ 1m
 iii) US\$ 1m - US\$ 5m
 iv) US\$ 5m - US\$ 10m
 v) US\$ 10m +

b) The approximate breakdown in percentage terms or **Your** international medical insurance portfolio is (write in applicable percentage):
 i) _____% Individual Business
 ii) _____% Company Paid Small Group Business
 iii) _____% Company Paid Large Group Business
 iv) _____% Optional Group Business
 v) _____% Groups in "Trust"

10. Please give the name and address of three other Insurers with whom **You** have broker/agency facilities in respect of private medical insurance (and from whom **We** will take references), the date from which they become effective and **Your** approximate premium income with each of them.

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

b) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

11. Have broker/agency or collection facilities ever been refused or withdrawn?..... Yes No
If Yes, by whom and for what reason:

B. Bank Details (Completion is optional)

12. Bank Sort Code: _____ Bank Address: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Telephone: _____ Bank Fax Number: _____

13. If available, please supply a copy of **Your** corporate brochure explaining the nature and scope of **Your** operations.

C. Declaration

I/**We** apply for an appointment to represent Royal & SunAlliance as an Agent. I/**We** agree that, if this application is accepted, the appointment shall be governed by the terms of Royal & SunAlliance (including acceptance of the terms of it's agency agreement).
 I/**We** understand that references will be sought for My/**Our** application and to My/**Our** best knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Royal & SunAlliance will result in the voiding of the application/agency.

| | |
|------------------------|--------------------------|
| Applicant's Signature | Date (Day/Month/Year) |
| Print Applicant's Name | Position in Organisation |
| Company Stamp | |

Please Retain a Copy for Your Records

Policies issued in the United Arab Emirates (UAE) are issued by Royal & SunAlliance (RSA) and administered by Aetna Global Benefits (Middle East) LLC, an Aetna Company Aetna Global Benefits (Middle East) LLC. Registered address: 416, Oud Metha office, PO Box 6380, Dubai, UAE. Aetna.