



# Regional Healthcare Plan Group Formation Form

Aetna Global Benefits

**Explanatory Notes:** This form should be completed by the group administrator wishing to set up a plan for their company. Please use BLOCK CAPITALS or check boxes as appropriate and return this completed form to Us or Your agent.

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

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## Section 1 – Group Details

The group administrator name given should be the person who will be the company's regular contact for correspondence and administration purposes.

Company Name (Kindly attach a copy of your trade license to this application)		
Name(s) of Any Subsidiary Company/Companies To Be Included		
Type of Business		
Address		Zip/Postal Code
Group Administrator		Job Title
Telephone	Fax	Email
Intermediary (if applicable)		

## Section 2 – Cover and eligibility

Commencement of this Policy is subject to review by Our Underwriters and screening of members and group under the company's Anti Money Laundering Policy.

Where an employee's child Dependents 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).

Eligibility category describes the type of employee covered for example all employees, all senior managers or all expatriates. If defining more than two categories, please provide details on a separate sheet of paper.

The Eligibility definition describes the qualification period for inclusion of the employee in the plan. For example within 30 days of commencing employment, within 30 days after promotion, within 30 days of completing a probationary period.

Preferred Commencement Date (Day/Month/Year)	To Be Insured <input type="checkbox"/> Employees Only <input type="checkbox"/> Employees and Dependants	
Eligibility Category	Eligibility qualification period	Number of employees
Eligibility Category	Eligibility qualification period	Number of employees

## Section 3 – Expiring Insurance Plans and Continuous Transfer

Continuous transfer can be offered where the **Benefits** of the plan for which **You** are applying are similar to those of **Your** current **Policy**. These terms and conditions must be read in conjunction with the **Policy Wording**. Where the group is less than 10 lives, we require a current membership certificate copy and a completed member application form for each employee.

Is the Group Currently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer	
Current Plan Name	Policy number	
Group Underwriting Terms	Expiry Date (Day/Month/Year)	
Does the group wish to apply for continuous transfer terms? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please Retain a Copy for Your Records**

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**Section 4 – Underwriting**

The details shown here should match the group quotation terms proposed/accepted by RSA.

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

If you are applying to set up a new group please select the underwriting criteria you require in box 1.

To switch to a new policy from a previous plan or insurer please state the terms on which you were previously underwritten in box 2.

If you wish to apply for continuous transfer terms for your group and wish to include new members please select the underwriting criteria you wish to apply to these new members.

	Box 1 Previously Uninsured Group	Box 2 Continuous transfer Terms (CTT)	Box 3 Additional New Members (CTT Only)
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"/>	N/A
Medical History Disregarded (MHD) Minimum of 10 employees or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5 – Your Policy Options**

(This table is for guidance only. Please refer to the **Benefit Schedule** and **Policy Wording** for a detailed description of the **Benefits** available for the plan of your choice.

Plan Please select which plan you wish to purchase	Lifestyle	Lifestyle Plus
<b>Excess</b> Please select the <b>Excess</b>	AED50 <input type="checkbox"/>	AED75 <input type="checkbox"/> AED100 <input type="checkbox"/>
Additional Options Please select any additional options you wish to purchase	Lifestyle	Lifestyle Plus
Medical History Disregarded (minimum of 10 employees or more)	<input type="checkbox"/>	<input type="checkbox"/>
Wellness	<input type="checkbox"/>	<input type="checkbox"/>
Routine Dental	<input type="checkbox"/>	<input type="checkbox"/>
Routine Management of <b>Chronic</b> Conditions (\$2,000 limit for Lifestyle and \$10,000 for Lifestyle Plus)	<input type="checkbox"/>	<input type="checkbox"/>
Routine Pregnancy and Childbirth	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Billing Network - Including Welcare Hospital (Minimum of 10 employees or more).	N/A	<input type="checkbox"/>

All Limits and Excesses expressed in \$ or AED shall in all instances mean US Dollar or AED Dirhams.

**Section 6 – Payment Frequency**

<input type="checkbox"/> Annual <input type="checkbox"/> *Semi-Annual <input type="checkbox"/> *Quarterly
*A surcharge will apply. Please contact RSA for further details.

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**Section 7 – Premium Payment**

- a) **Cheque Payment:** All cheques must be payable to “Royal & SunAlliance”. Please ensure that the name of the applicant (as declared in **Section 1** of this form) is clearly stated on the reverse of the cheque. **We** will honour U.A.E. Dirham cheques or .U.S. Dollar cheques.
- b) **Bank Transfer:** Please ensure the name of the applicant (as declared in **Section 1** of this form) is clearly stated on any transfer. **Our** bank details for bank transfer are available on request by contacting **Our** Dubai office. **We** cannot accept liability for any bank transfer which does not clearly identify the applicant.
- c) **Credit Card:**                       VISA                       MasterCard
1. Credit Card Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2. Cardholder's Name: \_\_\_\_\_
3. Expiry Date (Month/Year): \_\_\_\_\_
4. Cardholder's Statement Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Cardholder's Authorisation Signature: \_\_\_\_\_
6. Signature Date (Day/Month/Year): \_\_\_\_\_

For payment method c), please note **Your** premium will be collected on receipt of this application, which may be in advance of the **Commencement Date**.

**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.
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.
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 five current employees or affinity members. If the membership is below five 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 the **Renewal Date**. If full renewal premium and any applicable taxes or local levies are not received by the **Renewal Date**, claims will be suspended and cover will lapse. Royal & SunAlliance may, at their discretion, reinstate cover if full premium and any applicable taxes or local levies are subsequently received.
6. Cover is only provided for group members (and eligible **Dependants**) where declared and accepted by Royal & SunAlliance
  - 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 10 employees, a Member application form must be completed by each and every group member.

*continued*

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**Section 8 – General Terms and Conditions (Continued)**

- b) For compulsory company paid groups with more than 10 employees, the group administrator may supply the Information electronically, in a format approved by Royal SunAlliance and/or Aetna Global Benefits. If the group administrator is not able to supply the required eligibility and enrollment information (“Information”), a separate Member application form must be completed by each applicant. If the Group chooses to enroll electronically, the 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 Royal SunAlliance and/or Aetna Global Benefits 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 Royal SunAlliance and/or Aetna Global Benefits to perform its obligations for the Group and its employees;
  - v) use Royal & SunAlliance and/or Aetna Global Benefit’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 Royal SunAlliance and/or 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 Royal SunAlliance and/or Aetna Global Benefits and that network composition can change.
    - d. A written authorisation from the employee indicating that they authorise Royal SunAlliance and/or Aetna Global Benefits 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, 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 authorisation 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 Royal SunAlliance and Aetna Global Benefits 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) The group may receive certain **Benefit** Plan information and documentation (the “material”) electronically and may publish the material on its internal website. The 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) The 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. The group further agrees to take appropriate steps to prevent improper access, changes or usage of the material by unauthorised personnel no matter the means distributed. Furthermore, the group agrees to mitigate, to the extent practicable, any harmful effect of an improper access, changes or usage of the material by unauthorised personnel.
- e) The group shall retain all information required by this form for a period of not less than seven (7) years.
- f) The 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.

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

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**Section 8 – General Terms and Conditions (Continued)**

- 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 Royal SunAlliance and/or Aetna Global Benefits 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 Global Benefits 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**

**We** declare that the undersigned is authorised by the Company to enter into this Contract of Insurance with Royal & SunAlliance.

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

**We** understand that subscriptions due under the group plan must be paid in full by the agreed due date to Royal & SunAlliance. In the event that premiums are not paid by the due date, I understand that cover will be automatically cancelled.

**We** declare that the transfer by the Company of personal data to Royal SunAlliance and/or Aetna Global Benefits, 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, Royal SunAlliance and/or Aetna Global Benefits 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.

**We** accept that any personal exclusions/limitations relating to an **Insured Person's** or potential **Insured Person's** existing cover will be maintained by Royal & SunAlliance.

Telephone calls with RSA and/or Aetna 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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