

Release of medical information form

Please complete, sign and return the following form which gives your medical professional authorisation to release medical information to us.

AUTHORISATION

I hereby authorise any doctor of medicine, hospital or other person who has attended or examined me, to give the company or the authorised representative, any and all information about sickness or injury, medical history, consultation, prescriptions, or treatment and copies of all hospital and medical records. This information is required by Aetna Global Benefits Limited in order to confirm coverage for my medical condition and proposed treatment.

A scanned copy or fax of this authorisation shall be considered as effective and valid as the original.

Please complete clearly in BLOCK CAPITALS.

Name of the insured/patient:		
Member ID of the insured/patient:		
Address of insured/patient:		
Town:	Postcode:	Country:
Relationship to patient (if you are acting as a designated authority):		
Name and address of medical professional:		
Town:	Postcode:	Country:
Signature of insured/designated authority:		Date (dd/mm/yyyy):
Name of signatory (please print):		

Please return as soon as possible to: Aimedicalteammiddleeast@aetna.com

Financial Sanctions Exclusions

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, BNL and 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 www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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BNL and Aetna do not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

Policies are underwritten by Bahrain National Life Assurance BSC. All claims and claims related activity occurring outside of Bahrain will be administered by Aetna Global Benefits Limited - a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, P.O. Box 6380, Dubai, UAE.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.