

## 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:		
Participant 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](mailto: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, Aetna and Al Khaleej 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](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

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Policies issued in Qatar are insured by Al Khaleej Takaful Insurance and reinsured by Aetna Life and Casualty (Bermuda) Limited and 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) registered at 50 Cannon Street, London, EC4N 6JJ, United Kingdom.

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.