

Third Party Payers Authorisation Form

Section 1: Member details

Member Name: _____
Plan Sponsor Name: _____
Policy Number: _____

Section 2: Third party details

Type of third party payer: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate
Third party name: _____
The relationship between yourself and the member: _____

Section 3: Proof of identity

Individual: <input type="checkbox"/> Self-attested <input type="checkbox"/> Valid passport/ government issued <input type="checkbox"/> Photo ID
Individual: Source of funds for premium payments: _____
Corporate: <input type="checkbox"/> Commercial license/ COI <input type="checkbox"/> Memorandum of Association
Corporate: The nature of the business: _____

Section 4: Authorisation and declaration

4.1 I authorize you to accept this payment in respect of the above policy.	
4.2 I understand and agree:	
<ol style="list-style-type: none">1. that any untimely payment of the above premium will result in suspension/ cancellation of the above policy.2. I also understand and agree that under the Company's Anti Money Laundering Policy the company may require carrying out my due diligence by asking us to submit certain identity documents.3. This authorisation letter stands valid unless revoked by me or by the policyholder through a written notification to Aetna.4. In the event of any refund, amount shall be processed to the Bank account/ Credit Card from where the above premium amount was paid.	
Signature of Third Party: _____	Company seal: (In case of corporate)
Name of Third Party: _____	
Designation (in case of corporate): _____	
Date: _____	