



## 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"> <li>1. that any untimely payment of the above premium will result in suspension/ cancellation of the above policy.</li> <li>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.</li> <li>3. This authorisation letter stands valid unless revoked by me or by the policyholder through a written notification to Aetna.</li> <li>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.</li> </ol> |   |
| Signature of Third Party: _____  | Company seal:<br>(In case of corporate) |
| Name of Third Party: _____   |   |
| Designation (in case of corporate): _____  |   |
| Date: _____  |   |