



1 May 2019

Summit plan Group formation application

Medical History Disregarded (MHD)

For groups of 5 to 50 employees

Please complete this application clearly in **BLOCK CAPITALS** and tick the boxes where needed.

This application should be read in conjunction with the Plan sponsor guide, Handbook and the accepted quotation summary.

You must tell us about all material facts before we accept an application or renew the plan. A material fact is information likely to influence us in assessing and accepting the insurance. If you do not tell us all material facts or if you misrepresent any material facts, this may render the insurance voidable from inception (the start of the contract) and enable us to repudiate liability (entitle us not to pay your claims). If there is any doubt about whether a fact is material, for your own protection, you must tell us.

A. Plan sponsor details

Company name	
Names of all subsidiary or affiliate companies to be included (provide details on an attached employee census)	
Correspondence address	
Registered address	
Country	
Phone	Fax
Nature of business	Plan administrator
Direct phone	Direct fax
Email	

B. Company (plan sponsor) shareholder details

SI. No.	Name of the shareholder	% of shares held in the company	Nationality	Date of Birth/ Year of Incorporation	Current address

If the shareholder is a company provide details of the Ultimate Beneficial Owner (UBO):

C. Director

Sl. No.	Names of all directors	Nationality	Date of Birth/ Year of Incorporation	Current residential address

If you are unable to complete the above information in the space given, please provide this on a separate page.

D. Politically exposed persons (PEPs)

A PEP is a natural person who has been entrusted with prominent functions in a foreign country, such as a head of state, member of the royal family, prime minister, senior politician, senior government official, judicial or military official, senior executive of a state-owned enterprise, prominent political figure, or person who has been entrusted with a prominent position at an international organisation.

Is the company or any of its shareholders, directors or managers a PEP? Yes No

Is the company or any of its shareholders, directors or managers associated with a PEP? Yes No

If you answered yes to either of the above questions, complete the information below:

Name of the PEP	The PEP's connection to the company (e.g. shareholder, director, manager, etc.)	Nature of the PEP (e.g. Head of State, Prime Minister etc.)	Nationality of the PEP	Current Residential address of the PEP

If you are unable to complete the above information in the space given, please provide this on a separate page.

E. Quotation number accepted

Your cover details, plan type, area of cover and any add-on plans and benefits will be as noted within your quotation summary.

Cover start date (dd/mm/yyyy)	Quotation number accepted
-------------------------------	---------------------------

F. Group member eligibility

All the members to be covered on the group plan must be included on a mandatory basis on the application. The company can include all employees, or all employees falling within a particular category as determined by the company (eligible* employees), on the group plan.

1. Please tick an option below:

A	<input type="checkbox"/> All employees and their dependants to be included
B	<input type="checkbox"/> All employees to be included. Dependants will not be included on this plan
C	<input type="checkbox"/> All eligible* employees and their dependants to be included
D	<input type="checkbox"/> All eligible* employees to be included. Dependants will not be included on this plan
E	<input type="checkbox"/> Other (e.g. If any category has a voluntary element)

2. If you have selected C, D or E above, please answer the following question:

What are the criteria for employees to be included on the plan? Are there different criteria for different categories?

3. If you have selected C or E above, please answer the following question:

What are the criteria for dependants to be included on the plan? Are there different criteria for different categories?

4. Please answer the following question:

Are all employees employed by the Plan Sponsor noted in "A. Plan sponsor details, Company Name"?

Yes **No**

If no, explain and provide details on an attached employee listing (census). _____

* Eligible - as defined by you in answer to 2 and 3 above, to be agreed by us.

G. Payment options

Are there sources of premium other than the Plan Sponsor noted in "A. Plan Sponsor details, Company name"?

Yes **No**

If yes, explain the source(s) and note it on the employee listing. _____

	Bank transfer	Cheque or banker's draft
Yearly	<input type="checkbox"/>	<input type="checkbox"/>
Every 6 months*	<input type="checkbox"/>	N/A
Every 3 months*	<input type="checkbox"/>	N/A

* A premium loading applies; please contact us for more information.

Bank transfers

Bank transfers must be in the currency of the plan. Please make sure that you give the company name and quotation or plan number as the reference for the bank transfer. Please send the payment to 'Al Ain Ahlia Insurance Company' using the details below.

USD account		AED account
Bank name:	Citibank	Citibank
Bank Location:	Abu Dhabi	Abu Dhabi
IBAN:	AE88 0211 0000 0012 0187 023	AE13 0211 0000 0012 0187 015
Account number:	120187023	120187015
SWIFT code:	CITIAEAD	CITIAEAD

To ensure that the full amount of the payment is received by us, please mark the bank transfer: 'Pay Full Amount' or 'Bank Charges Debit Account'.

Cheque or banker's draft

Cheques and banker's drafts must be in the currency of the plan and payable to 'Al Ain Ahlia Insurance Company'. Please make sure that your company name and quotation or plan number are clearly shown on the back of the cheque or banker's draft in case the payment becomes separated from this application.

H. Membership adjustments

Every time adjustments are made to the membership a premium change will occur.

How often do you want membership adjustments to be invoiced?

Quarterly – adjustments will be invoiced every 3 months.

End of year – adjustments will be invoiced at the end of the plan year.

I. Current and Planned treatment

Please list all members who:

- a) will be receiving in-patient or daycare treatment in a hospital at the start date; or
- b) will be receiving in-patient or daycare treatment in the future and are aware of this on or before the start date.

Name	Medical condition	Treatment details

Our underwriters may need further information about the details given.

J. Medical History Disregarded (MHD)

Cover for members under this plan will be based on Medical History Disregarded (MHD) underwriting terms. Cover is subject to our acceptance, and will still be subject to the benefits, terms and conditions of the plan. A moratorium applies to the Travel add-on plan, see the 'Underwriting terms' section in the Aetna Travel plan Benefits Schedule.

K. Declaration

You declare that to the best of your knowledge and belief, the information in this application and in the membership census (attached) is true and complete.

You have read and understood the information provided on this application and the terms and conditions shown in the Plan sponsor guide, Handbook and other plan documentation.

You agree on behalf of the plan sponsor and the scheme members to accept and comply with the terms of the plan and in particular:

i) to pay the premium for all members insured by the plan in accordance with the policy wording;

ii) to notify us promptly of any changes.

You agree that, unless the agreed premium, this completed application and the details of all members have been received by us, no claims for treatment will be authorised for payment by us.

You confirm that you understand that all material facts must be disclosed to us prior to us accepting the contract and that non-disclosure of material facts by you or members may invalidate the plan. We reserve the right to cancel the plan for non-disclosure of material facts.

You understand that this declaration and information in this application will form the basis of the contract between Al Ain Ahlia Insurance Company and the plan sponsor.

On behalf of all members to be covered, you confirm consent to the processing and use of personal and medical details by us and relevant third parties and for the purposes of processing this application, policy administration, service provision, reinsurance, claims validation and fraud prevention.

You confirm that personal data provided to us has been collected fairly and lawfully (including observing any requirement to obtain the explicit consent of members) so as to enable the processing of the personal data by us. Members have been informed that their data, including medical data, will be processed or disclosed to or transferred to any organisation for the purpose of (i) assessing this application, (ii) providing on-going insurance cover, (iii) customer service and (iv) the processing of claims. You understand that we are only able to provide financial or administrative information regarding the plan to you and not details of members' individual medical claims in compliance with data protection regulations, unless explicit consent has been obtained from the member concerned.

You acknowledge that both parties under this insurance arrangement shall be responsible for complying with applicable anti-corruption and anti-money laundering laws, and certify that the parties have neither received nor been provided, directly or indirectly, any improper benefit, payment or advantage in connection with this insurance arrangement.

You understand that 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, Al Ain Ahlia 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 <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Authorised signature	For and on behalf of (company name)	Date (dd/mm/yyyy)
Name of signatory	Company stamp	
Position within the company		

L. Membership census

Please confirm the membership census in the accepted quotation is correct.

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Al Ain Ahlia 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 Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO 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.

Please read carefully the disclaimers at the end of the form.

Please retain a copy for your records.