



1 October 2018

## Card authority

We are committed to safeguarding your personal data. Your payment details will be processed securely in accordance with our strict safety procedures and relevant legislation. We can accept card payments by Visa, MasterCard or American Express. There are three ways to pay by card:

1. Fill in the Card authority below in full and fax the application to: +44(0) 1252 745 928.
2. Fill in the Card authority below in full and post.
3. Call us to make a payment by telephone. You do not need to fill in this form.

Please do not send your card details to us by email. Email and internet messages cannot be guaranteed to be completely secure and can be intercepted, lost or stolen. We will not process card payments sent by email.

To Aetna Insurance Company Limited on behalf of Al Ain Ahlia Insurance Company **Please fill in in BLOCK CAPITALS.**

Quotation number and option number if you have one		and/or Plan number																					
Name(s) (as shown on your card)																							
If you are not the planholder, describe your relationship to the planholder																							
My card billing address is			Postcode																				
Please tick the appropriate box <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		My card number is																					
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Issue date	Expiry date	Card security code																					
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For your safety and security and to facilitate the processing of your payment, we require that you enter your card's verification number (card security code). The verification number is the last three digits of the number printed on the signature strip on the back of your card.																							
Your card details will be held and processed in accordance with strict data security regulations and guidelines which we adhere to. Once your payments have been initiated this number will be destroyed by us.																							
Please charge the above card in US dollars (\$) and (please tick) <input type="checkbox"/> Yearly <input type="checkbox"/> Every three months <input type="checkbox"/> Every month																							
I hereby authorise the Card Account specified above to be debited with the current premium due, and all subsequent renewal premiums and other charges due as notified by Aetna Insurance Company Limited until I give notice in writing that I wish to withdraw my authorisation. I understand that Aetna Insurance Company Limited will give at least 4 weeks' notice of renewal, and that the premiums may vary each year. I understand that Aetna Insurance Company Limited cannot be held liable if my plan lapses as a result of the card being declined and I have not provided or responded to requests for alternative methods of payment.																							
Cardholder's signature(s)			Date (dd/mm/yyyy)																				

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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 Asset Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit <http://www.aetnainternational.com/ai/en/about-us/legal/regional-entities> for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

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.