

## 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: (In case of corporate)
Name of Third Party: _____	
Designation (in case of corporate): _____	
Date: _____	