



Third Party Payers Authorisation Form

Section 1: Member details

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

Section 2: Third party details

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|---|
| 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

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|---|
| 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

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|---|---|
| 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: _____ | |