Corporate Solutions
3 Tampines Grande, AIA Tampines #07-00, Singapore 528799

AIA Premier International Medical Group Application Form

WARNING : In accordance with Section 25(5) of the Insurance Act Cap.142, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

SUBMISSION DOCUMENTS REQUIRED

- ☐ Application Form
- ☐ Accounting and Corporate Regulatory Authority (ACRA Bizfile) (Latest copy of not more than 12 months)
- ☐ MAS 314 (Form) List of Authorised Signatories and Beneficial Owners*
- ☐ Member Enrolment Form* (If less than 21 lives. If MHD option is selected, this does not apply.)
- ☐ Excel Template for Premier International Medical Member Census Reporting*

Application is hereby made for an **AIA Premier International Medical**:

1. COMPANY PARTICULARS:

Name of Company (herein the policyholder): _____

Company Registration No./Unique Entity No. (UEN) _____

Nature of Business: _____

Mailing Address: _____

Postal Code: _____

Total Number of Employees to be insured: _____

Total Number of Dependant(s) to be insured: _____

COMMENCEMENT OF INSURANCE COVERAGE

Effective Date: _____

(DD/MM/YYYY)
(Commencement Date)

CONTACT DETAILS OF AUTHORISED PERSON-IN-CHARGE

Name: _____

Identification Number: _____

(NRIC/Passport/FIN Number)

Email Address: _____

Office No.: _____

Fax No. (if applicable): _____

Mobile No.: _____

USEFUL INFORMATION

Information Library

* Visit the AIA eBenefits Information Library via https://eben.aia.com.sg/en/my-aia/login/information-library.html or scan the QR Code on the left, to retrieve and download the updated forms required.
- **MAS 314 Form:** Administration > *MAS 314 List of Authorised Signatory and Beneficial Owners*
- **Excel Template for Members Census Reporting**: Administration > *Excel Template for Premier International Medical Member Census Reporting*
- **HR AIA eBenefits User ID Request Form**: Administration > *eBenefits UserID and Password Application*

2. BASIS OF COVERAGE[1]

Employee Category (Management, Executive etc.)			
Covered Area	☐ Asia ☐ Worldwide excluding USA ☐ Worldwide[2]		
Currency	☐ Singapore Dollar ☐ US Dollar		
Core Module (Inpatient)	☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5[1] Co-insurance: 0%/10%/20%	☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5[1] Co-insurance: 0%/10%/20%	☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5[1] Co-insurance: 0%/10%/20%
Optional Module	Outpatient ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Dental ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Maternity ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Optical ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 Co-insurance: _______ Wellness ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______	Outpatient ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Dental ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Maternity ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Optical ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 Co-insurance: _______ Wellness ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______	Outpatient ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Dental ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Maternity ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______ Optical ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 Co-insurance: _______ Wellness ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 Co-insurance: _______
Dependant(s) Cover (On compulsory basis)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
MHD[3] Option (applicable for 11 lives or more)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Important Notes:

[1] Both USD and SGD currencies are available for all Inpatient Plans of the Core Module except for Plan 5. Optional Modules will follow the same policy currency as the selected Core Module.

[2] Any benefits payable in respect of eligible expenses incurred in the USA shall be subject to the 50% Coinsurance if:

a) the Insured Person is a citizen of the USA; or

b) the Insured Person stays in the USA for any continuous period of over 182 days.

[3] MHD shall mean Medical History Disregarded.

3. Has this group ever been covered by Group Insurance in another company? ☐ Yes ☐ No

   If so, please provide the name of the company _____

   If such insurance has been discontinued, please state date of discontinuance _____
   (DD/MM/YYYY)

4. On the inception date of group policy, all eligible employees must be ACTIVELY AT WORK to participate under the coverage. With reference to this requirement:

   ☐ I hereby confirm that on the date of Declaration and to the best of my best knowledge, all employees are ACTIVELY AT WORK. Employees who are away from their jobs due to:
   - Annual Leave
   - Maternity Leave

   shall be considered as being actively at work.

   ☐ I hereby confirm that as on the date of Declaration and to the best of my knowledge, the following employees listed below have been away from work due to illness or injury or on no-pay leave for whatever reasons. They are considered NOT ACTIVELY AT WORK unless they resume full time duty in good health on the inception date. Otherwise, coverage will commence on the day they resume full time duty in good health.

S/N	NRIC/Passport/FIN Number	Name of Employee	Nature of Illness/Injury

DECLARATION AND AUTHORISATION

The Applicant hereby agrees and declares, on behalf of itself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this Application:

1. No statement, information or agreement made by/to or given by/to the person soliciting/collecting/receiving this Application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA"), unless presented to AIA in writing and approved by an authorised officer of AIA .

2. The statements and answers contained in this Application, together with those contained in any required form including enrolment form, questionnaire or amendment of the Applicant, the statements and answers of the Applicant's employees and their dependants contained in any required form, or medical report, and any required supporting documents (collectively the "Information") are full, complete, true and correct and that no Information has been withheld. The Applicant further agrees that the Information shall form the basis of the contract between the parties hereto, and that the Information together with the group policy (including without limitation its riders, endorsements and any amendments thereto) shall constitute the entire contract between the parties. The Applicant understands that if any of the Information is not full or complete or true or correct, the group policy issued hereunder may be void and the Applicant/policyholder/employee/dependant as the case may be, may receive nothing from the group policy.

3. AIA shall assume no liability whatsoever and the group policy will only be effective after this Application and required forms, questionnaires or amendments have been completed by the Applicant, and its employees and their dependants, with the Application being accepted by AIA and the first premium fully paid for.

4. I/We hereby authorise, agree and consent to:
   a) persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);

   b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;

   c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);

   d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and

   e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above- mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA. A photocopy of this authorisation shall be valid and effective as the original.

5. The Applicant is not insolvent or is unable to pay its debts as they become due, or making any assignment or arrangement for the benefit of its creditors, or is ceasing or threatening to cease to carry on its business.

6. Should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.

7. By signing this Application, the Applicant confirms that the AIA Financial Services Consultant/Insurance Representative has solicited insurance business from the Applicant in the Republic of Singapore and that the signing of this Application has taken place in the Republic of Singapore.

Declared in Singapore on: D D M M Y Y Y Y

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Signature of Authorised Representative & Company Stamp

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Signatory's Full Name as in NRIC/Passport/FIN Number

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Signatory's NRIC/Passport/FIN Number

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Designation of the Signatory

WARNING : If a material fact is not disclosed in this Application, any insurance coverage issued to you may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the AIA Financial Services Consultant(s)/Insurance Representative(s) but was not included in this Application. Please check to ensure you are fully satisfied with the information declared in this Application. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of this Application, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

AIA FINANCIAL SERVICES CONSULTANT/INSURANCE REPRESENTATIVE DETAILS

AIA Financial Services Consultant's Details

Name of Consultant (1): _____

Contact No.: _____

Commission Share (%): _____

AIA Consultant Code: _____

Name of Agency: _____

Signature of AIA Consultant:: _____

Date: _____

Name of Consultant (2) (if applicable): _____

Contact No.: _____

Commission Share (%): _____

AIA Consultant Code: _____

Name of Agency: _____

Signature of AIA Consultant:: _____

Date: _____

AIA Financial Services Consultant Supervisor's Details

Name of Supervisor: _____

Name of Agency: SP- _____

Supervisor Code: _____

Insurance Representative's (Broker/Financial Advisor's) Details

Name of Broker/Financial Advisor (FA):

_____

Financial Institution: _____

_____

Contact No.: _____

Signature of Broker/FA: _____

Date: _____