

1. Group Details

Company Name:	<input type="text"/>		
Type of Business:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Group Administrator <i>(note 1)</i> :	<input type="text"/>		
Job Title:	<input type="text"/>	Telephone:	<input type="text"/>
Fax:	<input type="text"/>	Email:	<input type="text"/>
Intermediary (if applicable):	<input type="text"/>		

2. Cover Details

Preferred Commencement Date:	<input type="text" value="day"/>	<input type="text" value="month"/>	<input type="text" value="year"/>
Currency of Plan:	£ <input type="checkbox"/>	\$ <input type="checkbox"/>	€ <input type="checkbox"/>
Definition of Staff <i>(see note 2)</i> :	<input type="text"/>		
To be Insured <i>(see note 3)</i> :	Employees only <input type="checkbox"/>	Employees and Dependants	<input type="checkbox"/>

3. Underwriting

<i>(see note 4)</i>	Previously Uninsured Group	Previously Insured Group	Additional New Members
Two Year Moratorium (MORI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continued Personal Medical Exclusions (CPME) with Employer Declaration of Medical Facts	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Medical History Disregarded (MHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Method of Payment

Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
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5. Payment Frequency

Annual <input type="checkbox"/>	Six monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	(not applicable if method of payment is by cheque)
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Explanatory Notes

Please use **BLOCK CAPITALS** or tick boxes as appropriate.

Note 1

The group administrator name given should be the person who will be the company's regular contact for correspondence and administration purposes.

Note 2

The definition of those members of staff to be covered under the plan could for example be – "senior managers, all staff with more than one year's service" etc. If defining more than two categories, please provide details on a separate sheet of paper.

Note 3

Where an employee's child **Dependants** are to be included under the group plan, all children must be unmarried and under the age of 18 years (or 23 years if in full-time education).

Children on reaching the age of 18 years (or 23 if in full-time education) may remain in the group as separate members, subject to the full adult subscription being paid.

Note 4

The details shown in section three should match the group quotation terms proposed/accepted by Goodhealth Worldwide.

Goodhealth reserves the right to amend or withdraw its offer of cover should there be any material change to the original risk.

6. Expiring Insurance Plan Details

Is the Group Currently Insured?: Yes No

Name of Insurer:

Current Plan Name:

Expiry Date:

Expiring Underwriting Terms:

Variations to Standard Terms:

7. General Terms and Conditions

1. This document forms part of the contract and must be read together with the **Policy Wording**, **Policy Schedules** and **Application Form(s)**, where applicable [see points 6. a) i. and 6. a) ii. below].
2. This Contract of Insurance will take effect on the **Commencement Date** and shall continue for a period of 12 months or until the next **Renewal Date** or until the **Policy** is cancelled for whatever reason, whichever is sooner.
3. **Group Eligibility**
 - a) A group can only be made up of employees of the same company or members of an existing and registered affinity group.
 - b) For a group that consists solely of members of the same family it must be fully substantiated that such members are all working for the same employer.
 - c) Where a husband and wife are both employed by the same company they are deemed to be one employee plus eligible **Dependant** NOT two employees.
 - d) The minimum size of a group at inception or renewal is three current employees or affinity members. If the membership is below three at inception or at a subsequent **Renewal Date** then the group cannot continue.
4. The inception premium must be received within a maximum of 30 working days from the **Commencement Date** of the **Policy**. No claims will be paid until this is received.
5. Renewal premiums must be received by **Renewal Date**. If full renewal premium and any applicable taxes or local levies are not received by **Renewal Date**, claims will be suspended and cover will lapse. Goodhealth may, at their discretion, reinstate cover if full premium and any applicable taxes or local levies are subsequently received.
6. Cover is only provided for group members (and eligible **Dependants**) where declared and accepted by Goodhealth.
 - a) New group members (and eligible **Dependants**) can be added to the **Policy** mid-term subject to the following:
 - i) For affinity, voluntary groups and compulsory company paid groups with less than 20 employees an individual Application Form or Continuous Transfer Form must be completed by each and every group member.
 - ii) For compulsory company paid groups with more than 20 employees where the group administrator can supply the following information in writing, this will be deemed sufficient: full proposed group members name; proposed group members date of birth; proposed group members nationality; proposed group members residential country; proposed group members occupation; known **Medical Conditions**; and confirmation of which group **Policy** the applicant is to be added to. If the group administrator is not able to supply this information, a separate Individual Application Form or a Continuous Transfer Form must be completed by the applicant.
 - b) Payment for additions must be received within 14 days of acceptance date. If these conditions are not met, all cover will be deemed null and void without further notice. For additions to plans that have opted for end of year adjustments, six monthly payments or quarterly payments the funds must be received by due dates otherwise all cover will be deemed null and void.
 - c) Group members and/or their eligible **Dependants** can be deleted from the date of notification in writing by the group administrator for which a pro rata return of premium will be calculated. Notification may be given to Goodhealth by the group administrator of a future deletion(s) date(s) no more than 30 days in advance.
7. Accountability for any misuse of individual membership cards issued by Goodhealth or the insurers to employees (and their eligible **Dependants**) lies with the group administrator, on behalf of the group, who holds responsibility to gather and return such cards upon deletion of employees (and their eligible **Dependants**) from cover.

In the event of being unable to return the **Direct Settlement Network** card for deleted group members, the group administrator, on behalf of the group, acts as guarantor that any claims incurred against such members' cards after their individual deletion dates, will be borne by the group.

8. Declaration

I declare that I am authorised by the Company to enter into this Contract of Insurance with Aetna Health Insurance Company of Europe Limited.

I declare that I have understood and accepted the General Terms and Conditions in Section 7 of this Group Formation Form.

I understand that subscriptions due under the group plan must be paid in full by the agreed due date to Goodhealth.

In the event that premiums are not paid by the due date, I understand that cover will be automatically cancelled.

I confirm and agree that the personal information collected or held by Goodhealth, whether contained in this application form or otherwise obtained may be used by Goodhealth, or disclosed to or transferred to any organisation within the Aetna Group (of Companies), their suppliers and partners, worldwide for the purpose of 1) assessing this application and providing on-going insurance and customer service, 2) processing and giving effect to credit card payment, 3) providing marketing material in respect of insurance-related services of Goodhealth or its associated companies and 4) processing claims or analysing the insurance.

I declare that the transfer by the Company of personal data to Goodhealth, including information relating to employees insured under the group plan will not result in violating the Data Protection Act 1998.

I declare that the information given to Goodhealth for the purpose of entering into this Contract of Insurance is true and complete and that no material facts have been withheld.

Signature of applicant:

Date:

Please print name:

Position: