

Application Form

Health and Accident for Insurance Policy

Aetna Health Insurance (Thailand) Public Company Limited 98, Sathorn Square Office Tower, 14th-15th Floor, North Sathorn Road, Silom, Bangrak, Bangkok 10500
Tel. 0 2677 0000 Fax. 0 2230 6500 Aetna Call Center 0 2232 8666 (Service 24/7 hours)

Insured's Information

1. Name of Insured Sex
Address of Insured
.....
Contact Address
.....
Contact Number (Home) (Work) (Mobile)
(Fax) E-mail
2. Personal Information, ID Carde Number Date of Birth Age Year
Place of Birth Country of Residence Weight (kg) Height (cm).....
3. Occupation of Insured Position
Work Address
Work Description (Occupation)
Salary/Month
4. Name of Beneficiary 1 Relationship
Address Contact Number
Name of Beneficiary 2 Relationship
Address Contact Number
5. Insurance Period Applied for: Commencing from Ending on
6. Please specify the name of the insurance plan you have selected Benefit Amount Baht
Additional Coverage Child Delivery; Outpatient; Personal Accident; or
 Others (Please specify)
7. Automatic Renewal
 I wish to renew the Insurance Policy upon each expiration date, and I hereby provide my consent for the Company
to collect insurance premiums through the credit card or the bank deposit notified to the Company.
8. Please select the method for receiving of compensation: Cheque Bank Transfer
Name of the bank account you wish for the bank transfer in case of a compensation claim
Bank Branch Account Number
You wish to receive the Insurance Policy through:
 E-policy via the specified e-mail. Hard copy by delivery by post to the specified address.
9. Do you have or have you ever had any health insurance, life insurance, or accident insurance with Aetna or other
insurance companies?
 No Yes (If yes, please specify the insurance company name
benefit amount Baht)
10. Do you or have you ever had any income compensation insurance?
 No Yes (If yes, please specify the insurance company name
total aggregate benefit amount from all insurance companies Baht/day)

11. Have you ever received any rejection or cancellation with respect to any insurance application increase of insurance premium, or coverage exemption by Aetna or any insurance company?
 No Yes (If yes, please specify the insurance company name Baht)
 Benefit amount
12. During the past 5 years until present, have you ever seen a physician/doctor as an outpatient (OPD) or admitted in a hospital (IPD) to receive a medical consultation, medical diagnosis, as well as medical treatment, medication, or therapy due to injury, sickness, or surgery?
 No Yes (Please specify the details in the table below)
13. Have you ever been treated or diagnosed by a doctor/physician that you have had a condition of high blood pressure, hyperlipidemia, diabetes, heart disease, epilepsy, brain and nervous system disease, paralysis, cerebral atrophy, cerebral hemorrhage, any type of tumor, cyst or cancer, kidney disease, liver disease, blood disease, immunodeficiency syndrome (AIDS), bone disease and joint disease, thyroid disease, gout, autoimmune disease, respiratory and lung disease such as asthma, emphysema, chronic obstructive pulmonary disease, tuberculosis or other diseases?
 No Yes (Please specify the details in the table below)
14. Have you ever had a surgery or been diagnosed by a doctor/physician to have a surgery?
 No Yes (Please specify the details in the table below)

In the case of declaring "Yes" in 11 -13, please specify the details in the following table. If the table provided below contains insufficient space please specify additional information in the additional table at the back.

Disease	D/M/Y of Treatment (Please describe if you have been diagnosed or treated or observed by a doctor/physician)	Treatment and Current Symptoms	Medical Facility Providing the Treatment (If possible, please provide the name of the doctor/physician)

15. Until now, have you ever had any symptom or been diagnosed, received treatments, or is in the rehabilitation process, as well as had received any consultation and advice from a doctor/physician on any developmental problem, psychosis, alcoholism, substance use, disability, handicap?
 No Yes Please specify
16. You are currently in the recovery period of a sickness or injury from an accident or from a hospitalization in a hospital or a medical facility?
 No Yes In recovery period/hospitalization, please specify
17. Are you currently sick or have any abnormal symptom (such as pain, tumor, bleeding disorder, etc.) that has not been treated or consulted by a doctor/physician?
 No Yes Please specify
18. Do you currently take medication regularly or continuously or do you have any congenital disease or other diseases?
 No Yes Please specify the name of the medication, cause, disease
19. Have you ever had any symptom or been treated due to a fever, skin rash, enlarged lymph node, pleurisy, peritonitis, muscle ache, muscle inflammation, joint pain, arthritis, for a period of 3 consecutive months or more?
 No Yes Please specify

I hereby provide my consent for the Company to collect, use, and disclose my health data and information to the Office of Insurance Commission for the purpose of managing and overseeing the insurance business. (Please select only one of the cases below)

Case 1. Does the Insured wishes to **exercise the right of income tax exemption** under the taxation law?

- Yes, the Insured wishes and provides the consent for the non-life insurance company to send and disclose information regarding insurance premiums to the Revenue Department in accordance with the rules and procedures prescribed by the Revenue Department, and if the Insured is a foreigner (Non-Thai Residence) who is obliged to pay income tax under the taxation law, please specify the taxpayer identification number obtained from the Revenue Department, No.....
- No.

Case 2. Does the Insured consents for Aetna Health Insurance (Thailand) Public Company Limited (the "Company") to submit and disclose the Insured's information to the Revenue Department in order to **exercise the right of income tax exemption of the premium payer** under the taxation law?

- Yes, the Insured consents for the Company to submit and disclose the Insured's information and information relating to this Insurance Policy in order to exercise the right of income tax exemption of the premium payer to the Revenue Department in accordance with the rules and procedures prescribed by the Revenue Department. Please specify the taxpayer identification number obtained from the Revenue Department, No. (In the case that you select to consent, please complete the information with respect to the premium payer in the attachment.)
- No.

I hereby certify that the statements/declarations given in this insurance application form are true in all respects. If my statement/declaration is false or if I conceal a fact, I agree that the Company can terminate the insurance contract.

The Company has the right to, at the Company's expense, examine the Insured's history/records of medical treatments and diagnosis as necessary for the purpose of this insurance and has the right to perform an autopsy in necessary cases, provided that it is not against the law to do so.

If the Insured refuses to allow the Company to examine the Insured's history/records of medical treatments and diagnosis for consideration of compensation payment, the Company may refuse to provide coverage under this Insurance Policy to the Insured.

I hereby authorize Aetna Health Insurance (Thailand) Public Company Limited to request the details of my medical history/records and physical conditions from the doctors/physicians, hospitals or any other organizations who have records or know about me or my health. A copy of this authorization is valid and complete as if it is the original.



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Insured



.....

Signature of Legal Representative
(In case of age below 20 years old)

.....

Date of Application
(D/ M/ Y)

- Agent
- Broker
- License No. Aetna HQ 6205000461

Within 15 days from the date on which the Insured receives the Insurance Policy from the Company, the Insured can cancel the Insurance Policy (Free Look Period) by returning the Insurance Policy to the Company, and the Company will return the remaining premium after a deduction of the actual health check-up fee and the Company's expenses in the amount of Baht 500 per Insurance Policy (if any) within 15 days from the date on which the Company receives the insurance policy cancellation notice. If the Insured does not do so, the Company will deem that the Insured agrees that the details and information stated above are correct and this insurance contract will continue to be effective until the Company has been notified by you in writing of any change.

Caution - Office of Insurance Commission (OIC): The Insured should answer all questions truthfully. If the Insured conceals a fact or make a false statement, it will result in this insurance contract being voidable, which the Company has the right to cancel the insurance contract pursuant to Section 865 of the Civil and Commercial Code.


Summary of Health Insurance Coverage

Dear _____

This document summarizes the key features of your Aetna insurance product. It is not part of the insurance contract.

Please be informed that once the Company accepts your application, you shall be covered under the annual insurance plan – **Max Care** (chosen 300,000 baht, 400,000 baht, 500,000 baht, 600,000 baht, 1 million baht or 5 million baht). The coverage and some important conditions are as follows:

Major Benefits:

- ❖ The insured will receive coverage under the health insurance benefits (under the Health Insurance Coverage Section) of the plan following a waiting period of 30 days except in the case of accident, injury, or emergency surgery, in which case coverage will be provided immediately.
- ❖ In case eligible medical expenses exceed the coverage under the Insuring Agreement for Hospitalization in Hospital or Medical Center, the Company shall pay additional 80% of eligible medical expenses under the Sections stipulated in the Insurance Policy, but not over the maximum benefit according to the plan selected.
- ❖ Coverage for death, dismemberment, or total permanent disability from accident according to the plan selected.

Optional Benefits (additional charge):

- ❖ OPD (any injury or sickness which does not require hospital admission, such as fever, headache, or cough) will be covered according to the selected plan.
- ❖ Additional coverage for death, dismemberment or total permanent disability from accident according to the selected plan, 200,000 baht, 400,000 baht, or 900,000 baht.
- ❖ Maternity coverage shall be provided for pregnancy and child delivery after policy effective for the minimum of 280 days consecutively.

Renewing the Insurance Policy:

- ❖ The insured is eligible for a lifetime policy renewal, except for those who were aged 60 years old or older upon application who shall be eligible for policy renewal up to 70 years old. The Company reserves right NOT to renew the Insurance Policy if there is evidence that the insured provided false statement(s), requests for coverage without medical necessity, or submits fraudulent claims for themselves or others.

Refund of Premiums:

- ❖ In the case of a company being the Payer, such company must acknowledge the terms and conditions regarding the refund of premiums. If the Policy is cancelled or terminated before the expiry date as specified in the Insurance Policy Schedule, or the Policy is cancelled during the policy year, Aetna Health Insurance (Thailand) Public Company Limited will refund the premiums (if any) to the Insured unless Aetna Health Insurance (Thailand) Public Company Limited receives the signed consent/power of attorney letter, the signed copy of passport/ ID card and supporting documents from the Insured to request Aetna Health Insurance (Thailand) Public Company Limited to refund the third party.

Some Major Terms and Conditions:

- ❖ Chronic diseases, injury, or sickness (including complications), condition(s) or abnormality(ies) that has occurred before entering the insurance contract shall not be covered.
- ❖ The Company shall not cover costs of any medical treatment necessitated by, or resulting from, any symptom or a complication of any of the following illnesses, which happens within 120 days from the effective date: Tumor Cyst or Cancer, Hemorrhoids, Hernias, Pterygium or Cataract, Tonsillectomy or Adenoidectomy, Stones, Varicose veins, and Endometriosis.
- ❖ During the first 3 policy years, if you receive medical treatment for any sickness which may be caused by a pre-existing condition(s), you may be asked to disburse, and the Company shall reimburse later after the investigation result reveals that there is no evidence that the sickness is caused by a pre-existing condition(s).

The Company reserves the right to underwrite your application in accordance with the terms and conditions of the Company. If the Company accept your application, we take approximately 2 weeks to process policy issuance, including related document(s). You can use our cashless service (fax claims) simply by presenting your I.D. card or Passport at any of our 490 network hospitals in Thailand. If you need to see a doctor in a non-network hospital, or outside of Thailand, you have to pay in advance and obtain reimbursement by submitting the original receipt with the attending doctor's report to Aetna.


Summary of Health Insurance Coverage
Important Information:

- The Applicant is advised to always study details of coverage and conditions carefully before deciding to buy insurance. After receiving the Insurance policy, the insured is advised to study the terms and conditions of the policy contract.
- Insured has right to cancel the Insurance Policy under Free Look condition. However, the Company shall not be liable for any loss or damage under the Insurance Policy and shall fully refund the premiums to the Insured in case of no claims. The Insured shall return the Fulfilment Pack (Insurance policy and other attachments) and Aetna member card to Aetna within 15 days after receiving the Fulfilment Pack. Otherwise, the Company reserves right NOT to refund the premiums.
- For existing Insured who wishes to purchase the New Standard Health Insurance Plan, the Company would like to inform you that all terms and conditions, coverages and exclusions shall be in accordance with the new insurance policy. No conditions nor coverages from the existing insurance policy you are holding or voluntarily cancelling shall be carried over or continued to the new policy.
- Max Care is a marketing name of Personal Health and Accident Insurance Policy.
- Please read and understand details of our Privacy Notice at <https://www.aetna.co.th/en/legal-notice> or scan QR Code


Applicant Part

Acknowledged by (Applicant): ✓ _____ Date: _____ Time: _____
 (_____) Please specify full name

Seller Part

Salesperson/Agent/Broker: Wilanpat Lamin License no.: 6205000461 Date: _____ Time: _____
 (Wilanpat Lamin) Please specify full name



Consent

To process personal data for marketing activities (Marketing Consent)

I consent to Aetna Health Insurance (Thailand) Public Company Limited (the '**Company**'), together with the Company's affiliates to use and process my personal information such as name, surname, gender, age, email, telephone number, address, social media account name, or other personal information set forth in the Company Privacy Notice as mentioned below to offer products, services, benefits, news or other marketing communication, promotions or advertisement of products and services, organizing marketing and promotional activities, contests and lucky draw of the Company and the Company's affiliates that you may be interested. The Company may have to disclose your personal information to employees and business partners of the Company and the Company's affiliates involved in marketing activities in order to be able to do so. The processing of personal data for marketing activities is in accordance with the Company's Privacy Notice as set out below.

I acknowledge that I may withdraw my consent at any time by sending email to DSR@aetna.co.th or contact the Company's Data Protection Officer at th-dpo@th.aetna.com.

Therefore, I note that further information about how the Company processes my personal data can be found within the Data Privacy Notice which also specified in the Company's website in "Legal Notice" (<https://www.aetna.co.th/en/legal-notice>) or please scan QR Code below.

Sign here: ✓ _____

Name: _____

Date: _____



*Scan here to acknowledge Privacy Notice
of Aetna Health Insurance (Thailand) PCL.*