Archipelago SYNERGY Plan Group Formation Application

Medical History Disregarded (MHD)

☐ For groups between 3 to 30 employees/members
☐ For groups over 30 employees/members

Please complete this application clearly in BLOCK CAPITALS and tick the boxes where needed.
This application should be read in conjunction with the Group Planholder guide, Policy Wordings and the quotation summary.

You must tell us about all material facts before we accept an application or renew the plan. A material fact is information likely to influence us in assessing and accepting the insurance. If you do not tell us all material facts or if you misrepresent any material facts, this may render the insurance voidable from inception (the start of the contract) and enable us to repudiate liability (entitle us not to pay your claims). If there is any doubt about whether a fact is material, for your own protection, you must tell us.

SECTION A GROUP PLANHOLDER DETAILS

Company registered full name:

Names of all subsidiary or affiliate companies to be included (provide details on an attached employee/member census):

Correspondence address:

Postcode: Country:

Phone: Fax:

Nature of business:

Plan administrator:

Mobile: Direct phone: Direct fax:

Email address:

SECTION B GROUP EMPLOYEE/MEMBER ELIGIBILITY

All the employees/members to be covered on the group plan must be included on a mandatory basis on the application. The company can include all employees/members, or all employees/members falling within a particular category as determined by the company (eligible* employees/members), on the group plan.

1. Please tick an option below:
   - A ☐ All employees/members and their dependants to be included
   - B ☐ All employees/members to be included. Dependants will not be included on this plan
   - C ☐ All eligible* employees/members and their dependants to be included
   - D ☐ All eligible* employees/members to be included. Dependants will not be included on this plan
   - E ☐ Other (e.g. If any category has a voluntary element)
2. If you have selected C, D or E above, please answer the following question:
   What are the criteria for employees/members to be included on the plan? Are there different criteria for different categories?
3. If you have selected C or E above, please answer the following question:
   What are the criteria for dependants to be included on the plan? Are there different criteria for different categories?

4. Please answer the following question if you are applying for an employer-employee group:
   Are all employees employed by the Group Planholder noted in Section A? ☐ Yes ☐ No
   If "No", explain and provide details on an attached employee listing (census).

Eligible* - as defined by you in answer 2 and 3 above, to be agreed by us.

SECTION C PAYMENT OPTIONS

Are there sources of premium other than the Group Planholder noted in Section A? ☐ Yes ☐ No
If "Yes", explain and provide details on an attached employee/member listing (census).

You can pay yearly or every six months. Due to administration costs, the total premiums you pay every six month will be higher than if you pay the premiums every year (about 3% more if you pay every six months).

To select how often you want to pay your premiums and your chosen payment method from the options available, please tick **ONE** of the appropriate boxes below.

	Credit / Debit Card	Bank Transfer
Yearly	☐	☐
Every six months	☐	☐

To enjoy the full benefit of the plan, you must make sure the premiums are paid on or before the premium due date. You must tell us about any changes to your payment details to make sure that we can continue to collect any premiums due.

You can find full payment details and information on unpaid and late payments in your Policy Wordings.

Your premiums must be paid in USD.

SECTION D PAYMENT DETAILS

Credit / Debit Card

We can accept card payments by Visa, MasterCard or UnionPay. To make a payment, please complete the Card Authorisation Form we give to you. Please make sure that your card is valid for at least six months from the start date of your plan. Please note that there will be Credit/Debit Card transaction fees and charges between 2%-4% which shall be borne by the Planholder/Cardholder.

Bank Transfers

Bank transfers must be in USD. Please make sure that you give your company full name and quotation or plan number as the reference for your bank transfer. Please send your payment to 'Archipelago Insurance Limited' using the details below. To ensure that the full amount of the payment is received by us, please mark the bank transfer: BENEFICIARY TO RECEIVE IN FULL AND NETT AMOUNT.

Beneficiary :	Archipelago Insurance Limited (Non-Resident Account)
Beneficiary Address :	B-08-08, Gateway Corporate Suites, Gateway Kiaramas No.1, Jalan Desa Kiara, Mont' Kiara 50480 Kuala Lumpur
USD Account No :	1419 4101 0002 039
SWIFT Code :	MFBBMYKLXXX
Bank :	Alliance Bank Malaysia Berhad
Bank Address :	Unit A-OG-02, Block A, Plaza Mont' Kiara 2 Jalan Kiara Mont' Kiara 50480 Kuala Lumpur

SECTION E MEMBERSHIP ADJUSTMENTS

Every time adjustments are made to the membership, a premium change will occur. The adjustment will be invoiced every month.

SECTION F MEDICAL HISTORY DISREGARDED (MHD)

Cover for employees/members under this plan will be based on Medical History Disregarded (MHD) underwriting terms. Cover is subject to our acceptance, and will still be subject to the benefits, terms and conditions of the plan. Exclusions E1 and E2 will not apply. A moratorium applies to the Travel add-on plan, see exclusion ET2 in the Policy Wordings

SECTION G DECLARATION

You declare that to the best of your knowledge and belief, the information in this application and in the employee/member census (attached) is true and complete.

You have read and understood the information provided on this application and the terms and conditions shown in the Group Planholder guide, Policy Wordings and other plan documentation.

You agree on behalf of the plan sponsor and the scheme employees/members to accept and comply with the terms of the plan and in particular:

i) to pay the premium for all employees/members insured by the plan in accordance with the Policy Wordings;
ii) to notify us promptly of any changes.

You agree that, unless the agreed premium, this completed application and the details of all employees/members have been received by us, no claims for treatment will be authorised for payment by us.

You confirm that you understand and agree that all material facts must be disclosed to us prior to us accepting the contract and that non- disclosure of material facts by you or employees/members may invalidate the plan. We reserve the right to cancel the plan for non-disclosure of material facts.

You understand that this declaration and information in this application will form the basis of the contract between Archipelago Insurance Limited and the plan sponsor.

On behalf of all employees/members to be covered, you confirm consent to the processing and use of personal and medical details by us and our associate companies and relevant third parties for the purposes of processing this application, policy administration, service provision, reinsurance, claims validation and fraud prevention.

You confirm, understood and agreed that personal data provided to us has been collected fairly and lawfully (including observing any requirement to obtain the explicit consent of employees/members) so as to enable the processing of the personal data by us. Employees/members have been informed that their data, including medical data, will be processed or disclosed to or transferred to any organisation for the purpose of (i) assessing this application, (ii) providing on-going insurance cover, (iii) customer service and (iv) the processing of claims. You understand and agree that we are only able to provide financial or administrative information regarding the plan to you and not details of employees'/members' individual medical claims in compliance with data protection regulations, unless explicit consent has been obtained from the employee/member concerned.

You acknowledge that both parties under this insurance arrangement shall be responsible for complying with applicable anti- corruption and anti-money laundering laws, and certify that the parties have neither received nor been provided, directly or indirectly, any improper benefit, payment or advantage in connection with this insurance arrangement.

You understand and agree that if coverage provided by any insurance policy violates or will violate any UN or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Archipelago Insurance Limited cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the UN or other applicable economic or trade sanctions, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

Authorised Signature	Company Stamp
Name of signatory:	
For and on behalf of (company name):	
Position within the company:	
Date (dd/mm/yyyy):	

Archipelago Insurance Limited does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to **www.archipelagogrp.com**.

All plans are underwritten by Archipelago Insurance Limited.

Archipelago™
Insurance Limited

Archipelago Insurance Limited is licensed by Labuan FSA, Company No. LL09355, Licence No. IS2013163. Registered office address: Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan FT, Malaysia. Co-located office address: B-08-08 Gateway Corporate Suites, Gateway Kiaramas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia. Phone : +603 6201 0491 Fax : +603 6201 0481 Email : customerservice@archipelagoltd.com Website : www.archipelagogrp.com

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