



# International Healthcare Plan – Application for Broker Facilities

Aetna Global Benefits®

Please return this completed form to **Us**.

Aetna Global Benefits (Middle East) LLC  
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## A. Broker Facilities Detail

1a. Broker Trading Name		1b. Trade License Number
1c. Full Company Name – As per Trade License – Kindly attach a copy of valid Trade License		
2a. Company Address		Zip/Postal Code
Telephone	Fax	Email Address
2b. Registered Address (if different from above)		Zip/Postal Code
Telephone	Fax	Email Address
3. Occupational/Nature of Business		
4a. Company's Paid-up Share Capital		
4b. Is <b>Your</b> company:		
a) authorised and regulated by any regulatory authority? If Yes, please provide:		
i) date of registration (Day/Month/Year): _____		
ii) name of authorising body and registration number: _____		
If No, please state if: i) an application is pending: _____		
ii) an application has not been made: _____		
<b><i>If You have insufficient space in any section, please provide full details on separate sheet. Kindly attach a copy of the registration certificate for Our reference and record.</i></b>		
b) a member or registered with any official insurance institution? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please name institution. _____		
c) or has it been subject to any regulatory enforcement action? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a) How many years has <b>Your</b> organisation been established? _____		
b) Please provide the full name and address of <b>Your</b> agency's ultimate holding company:		
_____		
_____		
_____		
c) Has <b>Your</b> organisation enforced documented <b>Policies</b> and procedures for all of it's activities? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is <b>Your</b> organisation registered with it's regional data privacy registrar? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state it's number: _____		
e) Is <b>Your</b> organisation, it's contractors, sub agents or customers connected to a government agency? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Does <b>Your</b> organisation have enforced procedures to prevent inducements being offered or received to generate business by it, it's staff or associates? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
g) How many employees including executive directors? _____		
h) How many individuals are actively selling international medical insurance in <b>Your</b> organisation? _____		

*continued*

### Please Retain a Copy for Your Records

Policies issued in the United Arab Emirates (UAE) are issued by Royal & SunAlliance (RSA) and administered by Aetna Global Benefits (Middle East) LLC, an Aetna Company Aetna Global Benefits (Middle East) LLC. Registered address: 416, Oud Metha office, PO Box 6380, Dubai, UAE. Aetna.



**A. Broker Facilities Detail (Continued)**

8. Do **You** have professional indemnity cover? .....  Yes  No  
 If Yes, please send a copy of **Your** certificate, which should state:

a) With Whom: \_\_\_\_\_  
 b) Certificate Number: \_\_\_\_\_  
 c) Limit of Indemnity: \_\_\_\_\_  
 d) **Excess** Level, if any: \_\_\_\_\_

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9. a) The annual written premium income for **Your** private medical insurance portfolio is in the range (check applicable premium):  
 i)  US\$ 0m - US\$ 0.5m  
 ii)  US\$ 0.5m - US\$ 1m  
 iii)  US\$ 1m - US\$ 5m  
 iv)  US\$ 5m - US\$ 10m  
 v)  US\$ 10m +

b) The approximate breakdown in percentage terms of **Your** international medical insurance portfolio is (write in applicable percentage):  
 i) \_\_\_\_\_% Individual Business  
 ii) \_\_\_\_\_% Company Paid Small Group Business  
 iii) \_\_\_\_\_% Company Paid Large Group Business  
 iv) \_\_\_\_\_% Optional Group Business  
 v) \_\_\_\_\_% Groups in "Trust"

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10. Please give the name and address of three other Insurers with whom You have broker/agency facilities in respect of private medical insurance (and from whom We will take references), the date from which they become effective and **Your** approximate premium income with each of them.

a) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date (Day/Month/Year): \_\_\_\_\_  
 Written Premium: \_\_\_\_\_

b) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date (Day/Month/Year): \_\_\_\_\_  
 Written Premium: \_\_\_\_\_

a) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date (Day/Month/Year): \_\_\_\_\_  
 Written Premium: \_\_\_\_\_

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11. Have broker/agency or collection facilities ever been refused or withdrawn? .....  Yes  No  
 If Yes, by whom and for what reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Bank Details (Completion is optional)**

12. Bank Sort Code: \_\_\_\_\_ Bank Address: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Telephone: \_\_\_\_\_ Bank Fax Number: \_\_\_\_\_

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13. If available, please supply a copy of **Your** corporate brochure explaining the nature and scope of **Your** operations.

**C. Declaration**

I/**We** apply for an appointment to represent Royal & SunAlliance as an Agent. I/**We** agree that, if this application is accepted, the appointment shall be governed by the terms of Royal & SunAlliance (including acceptance of the terms of its agency agreement).  
 I/**We** understand that references will be sought for My/**Our** application and to My/**Our** best knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Royal & SunAlliance will result in the voiding of the application/agency.

Applicant's Signature	Date (Day/Month/Year)
Print Applicant's Name	Position in Organisation
Company Stamp	

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