



International Healthcare Plan – Application for Brokerage Facilities

Aetna Global Benefits®

Please mail, fax or e-mail this completed to Us.

Aetna Global Benefits
c/o PT Goodhealth Indonesia
Menara BCA 50/F
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A. Brokerage Facilities Detail

1a. Full Company Name		1b. Business Registration Number	
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			
4. Is Your agency:			
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) 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 Your organisation been established? _____			
b) Please provide the full name and address of Your agency's ultimate holding company:			

c) Has Your agency enforced documented policies and procedures for all of it's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
d) Is Your agency 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 Your agency, it's contractors, sub agents or customers connected to a government agency?. <input type="checkbox"/> Yes <input type="checkbox"/> No			
f) Does Your agency 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 Your organisation? _____			

continued

Please Retain a Copy for Your Records

Policies issued in Indonesia are issued by PT. Asuransi Winterthur Life Indonesia and administered by PT Goodhealth Indonesia, an Aetna Company.
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GR-68584-5 IHPJ (9-09)

A. Brokerage 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: _____

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 or **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"

10. Please give the name and address of three other Insurers with whom **You** have 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: _____

11. Have brokerage 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: _____

* Aetna Global Benefits has facility to direct credit commissions payable to **Your** Bank Account.

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

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C. Declaration

I/**We** apply for an appointment to represent Aetna Global Benefits as a broker. I/**We** agree that, if this application is accepted, the appointment shall be governed by the terms of Aetna Global Benefits (including acceptance of the terms of its brokerage agreement) in accordance with FSA regulations.

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 Aetna Global Benefits will result in the voiding of the brokerage application.

Consultant agrees to comply with any and all applicable anti-corruption and anti-money laundering laws, other applicable rules, regulations and the U.S. Office of Foreign Assets Control and the Securities and Exchange Commission), including, but not limited to, the Foreign Corrupt Practices Act 1977¹ (as amended) (the "US Legal Requirements") with all matters arising out of and in connection with the Service Consultant Agreement. In respect of the latter obligation, Consultant agrees that they will procure that their entities, and any of their agents, shall not use any money or pay any money or use or make other inducements for improper purposes such as bribery, incentives or inducements to secure any business under the terms of the Service Consultant Agreement. Consultant also agrees that should any circumstances herein change, it will immediately notify Aetna Global Benefits, an Aetna Company, in writing.

In general, the FCPA prohibits corrupt payments to foreign officials for the purpose of obtaining or keeping business. Under the law, U.S. companies may be held liable for corrupt payments authorized by employees or agents operating outside of the United States, using money from foreign bank accounts, and without any involvement by personnel located within the United States. If **You** wish to learn more about the U.S. Foreign Corrupt Practices Act, **You** may access information via the internet by visiting the U.S. Department of Justice website at <http://www.usdoj.gov/criminal/fraud/docs/dojdocb.html>.

Applicant's Signature	Position in Organisation	Date (Day/Month/Year)
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