AIA Company Limited
Corporate Solutions - Group Insurance Department
18FL AIA TOWER 2, 181 Surawongse Road, Bangrak, Bangkok 10500

English Translation Version

GROUP INSURANCE MASTER APPLICATION FORM

Application is hereby made for Group Insurance to provide insurance coverage on the lives of employees of

Name of Company : …….. (Hereinafter called the "Employer")

Address : ……..……..

Telephone : ……..……..…. Type of Business : ……..…

Policy Effective Date : ……..

Details are shown as follows:

1. Members and Qualifications of the Eligible Members - **Please see attachment** -
2. Classification and Plan - **Please see attachment** -
3. Amount of Insurance - **Please see attachment** -
4. Waiting period
   - ☐ The First date of employment
   - ☐ ..... day(s) after the first date of employment
   - ☐ ..... month(s) after the first date of employment
5. Mode of Payment **Annually** Valid from the Effective Date
6. Special Purpose
   - ☒ Non - Contributory ☐ Contributory ☐ Voluntary
   - ☒ Others - **Please see attachment** -
7. Have these members ever had any Group Insurance coverage provided by other insurer or AIA? ……..……..…
   If so, please state the name of insurance company ……..……..……
   If such insurance has been discontinued, please state the date of termination ……..……..…..

The applicants hereby agree:

A. All information regarding the employers / employees and their dependents as required by the Company for the purpose of calculating premium or benefits shall be furnished

B. All declarations, statements and answers in this application form and in the employee enrolment forms; written amendments regarding employee's subsequent changes in insurance hereunder, declarations, statements and answers in questionnaires or other documents completed in connection with this application and the employees' insurance hereunder; and statements and answers make to the company's medical examiner(s); shall constitute the entire contract, and form the contractual relationship between the Employer and the Company thereto.

C. The group policy issued on this application shall not take effect unless and until it has been delivered and the first premium thereon actually paid on full to the Company.

Done at : …… (Company / Incorporation Stamp)

Date : …… Applicant

…… ……

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Witnessed by Authorized Signature and Position

Note from Office of Insurance Commission

Important Note Pursuant To : Civil & Commercial Code, Section No. 865, you are required to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued here under may be void

AIA Company Limited

Attaching to and forming part of Master Application Form from Group Insurance of

.....

Policy Anniversary: On the ..... of each year

Members: All regular full - time employee of the policyholder, who have reached the age of 15 and under 65 years

Qualifications of the Eligible Members:

1. All members must be actively at work and in good health before they are qualified to participate.
2. Any member who is not actively at work on the date he/she would otherwise become eligible for participation hereunder shall not be eligible until the day he/she returns to active service in good health.
3. Cessation of active work by member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his membership and his insurance coverage shall be terminated, except that while member is temporarily on part-time employment or is absent on account of sickness or injury, membership shall be deemed to continue until premium payments for such members are discontinue, but not for a period longer than 6 months from the date of termination of active membership.
4. Member who enter full - time military, naval or air service shall no longer qualify to remain as member and their insurance coverage shall be terminated.
5. Insurance hereunder of any member shall automatically cease on the policy anniversary immediately following the member's 65 birthday.
6. Part - time employees are not eligible for participation.

Waiting period : ☐ The First date of employment ☐ ..... day(s) after the first date of employment ☐ ..... month(s) after the first date of employment

Enrollment Period : Within 31 days after employee's eligibility

Special Purposes :

1. Change in plan, benefit and amount of insurance shall become effective on each policy anniversary.
2. This is to apply for **medical expense credit incurred within AIA Network's Hospitals**. In case where insured members are terminated, employers must report to AIA immediately. Should any hospitalization expense incur following the termination, employers must bear full responsibility for such expenses, except any expenses incurred following the employer's direct report (regarding employment termination of insured member) to AIA.
3. Premium adjustments (if any) for the period from the effective date of termination to the date of receipt by the company of such notice to terminate, provided such adjustments involving return of unearned premiums shall not be longer than ninety (90) days.
4. Group 40 Critical Illness Rider benefit – no crossing of plans.
   ☐ Yes, to employee only ☐ Yes, to employee, spouse and child(ren) ☐ No
5. Group clinical benefit - crossing to different plan is allowed.
   ☐ Yes ☐ No
6. Dental benefit - crossing to different plan is allowed.
   ☐ Yes ☐ No
7. Extend Medical benefit to employee's dependents.
   ☐ Yes ☐ No
8. Extend the insurance benefit to affiliated company.
   ☐ Yes (Please specify) ..... ☐ No
9. International SOS Travel & Medical Assistance from International SOS (This is a special benefit for Sale Promotion only. It may be changed or cancelled without advance notice)

Classification of Plan

Classification	Core Plan	Optional Plan		
		GCIR	Group Clinical Benefit	Dental Benefit
1.		☐ Coverage		
2.		☐ Coverage		
3.		☐ Coverage		

Amount of Insurance

Core Benefits	Core Plan				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
- Group Life	150,000	250,000	350,000	450,000	550,000
- Group Accidental Death & Dismemberment Benefit (Continental Scale + Public Accident)	150,000	250,000	350,000	450,000	550,000
- Group Total and Permanent Disability Income Benefit	150,000	250,000	350,000	450,000	550,000
- Group Hospital & Surgical Benefits:					
Reimbursement Items per Disability (Baht)					
A. Daily Room & Board (Max. 31 days)	1,500	2,000	2,500	3,000	5,000
I.C.U. (Max. 7 days and Total Max. Limit 31 days)	3,000	4,000	5,000	6,000	10,000
B. Other Hospital Services (including Nursing Service Fee)	30,000	40,000	50,000	60,000	100,000
C. Surgical Fee (Non - Surgical Schedule)	30,000	40,000	50,000	60,000	100,000
D. In - Hospital Doctors Call (1 visit per day, Max. 31 days)	1,000	1,500	2,000	2,500	3,000
E. Emergency Out – Patient Accident Treatment	6,000	7,000	8,000	9,000	10,000
F. Specialist Consultation Fee (Including in item B or C)	6,000	7,000	8,000	9,000	10,000
- HB Incentive benefit (apply for In-patient benefit on hospital admission only), when insured member utilizing insurance benefits for the hospital admission from other scheme which is not AIA Insurance Policy.	In case Insured member utilizes any other coverage as priority for hospital admission and if other coverage covers for incurred expense and no excess amount or only the excess on daily room & board benefit amount is reimbursed from insurance program, AIA will pay hospital income benefit to Insured member in equal to daily room & board benefit or the remaining amount of daily room & board benefit after paying out the excess with equal number of days admission but not to exceed maximum amount of daily room & board benefit and number of days as shown in the proposed insurance benefits schedule.				
Optional Benefits	Optional Plan				
- Group 40 Critical Illnesses and Sickness Death Benefit (GCIR)	150,000	250,000	350,000	450,000	550,000
- Group Clinical Benefit	A.	B.	C.	D.	E.
(1 visit per day, 30 calls per policy year)	600	800	1,000	1,500	2,000
- Dental Benefits	A.	B.	C.	D.	E.
(Max. per policy year)	2,000	3,000	4,000	5,000	6,000

"I certify that all members who will join this group of insurance policies gave his/her consent to disclose personal information to AIA Company Limited and AIA Group (AIA), life insurance agents, life insurance broker for purposes related to group insurance underwriting and other benefits related to the group insurance. You can study the full privacy policy at www.aia.co.th/privacy or scan this QR code"

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Witnessed by

Authorized Signature and Position
(Company / Incorporation Stamp)

Date .....

English Translation Version

AIA Company Limited

Example of Employees' information

(Please submit complete employee information as detailed below in the file format)

Company Name .....

Address .....

Agent Name ..... Agent Code .....

Unit Name ..... Unit Code .....

Licensed No ..... Contact No .....

No.	Member's name		ID Number	Birth Date (A.D.) MM/DD/YYYY	Age (years)	Sex (M/F)	Position	Plan	Bank Name	Bank Account Number	Remark
	First Name	Last Name									
1											
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