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 next day after all required documents are obtained**
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

…………………………………………… ……………………………………………

( ) ( )

Witnessed by Authorized Signature and Position

<u>Note from Office of Insurance Commission</u>

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 next day after all required documents are obtained

Enrollment Period : -

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. Extend the insurance benefit to affiliated company.

☐ Yes (Please specify) ....

☐ No

Classification of Plan

Classification	Core Plan
1.	
2.	
3.	

Amount of Insurance

Core Benefits	Core Plan					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
- Group Life	1,000	2,000	3,000	4,000	5,000	10,000
- Group Accidental Death & Dismemberment Benefit (Continental Scale + Public Accident)	100,000	200,000	300,000	400,000	500,000	1,000,000

* Group Accidental Medical Expense Benefit (no crossing of plan)	☐ Yes ☐ No					
Optional Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
- Group Accidental Medical Expense (AME)	10,000	20,000	30,000	40,000	50,000	100,000

"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											
2											
3											
4											
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