

REGISTRATION FORM



PRINCIPAL Place passport Photograph here and print name on the reverse side	SPOUSE Place passport Photograph here and print name on the reverse side	CHILD 1 Place passport Photograph here and print name on the reverse side	CHILD 2 Place passport Photograph here and print name on the reverse side	CHILD 3 Place passport Photograph here and print name on the reverse side	CHILD 4 Place passport Photograph here and print name on the reverse side
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Insurance Plans (Please tick appropriate box below)

- | | | | |
|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> HyBasic Individual | <input type="checkbox"/> HyBasic Individual Premium | <input type="checkbox"/> HyBasic Family | <input type="checkbox"/> HyBasic Family Premium |
| <input type="checkbox"/> Senior Mini | <input type="checkbox"/> Senior Beta | <input type="checkbox"/> Senior Midi | <input type="checkbox"/> Senior Premium |
| <input type="checkbox"/> HyPrime | <input type="checkbox"/> HyPrime Plus | | |
| <input type="checkbox"/> HyStarter | <input type="checkbox"/> HyStarter Premium | <input type="checkbox"/> HyStarter Premium + Lagoon | |

Non - Insurance Plans (Please tick appropriate box below)

- HyMat HyCheck

Staff Details: KINDLY FILL INFORMATION IN BLOCK LETTERS

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy)
Marital Status: _____ Gender: _____ (M/F)
Mobile: _____
Email: _____
Residential Address: _____

Spouse Details:

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy)
Marital Status: _____ Gender: _____ (M/F)
Mobile: _____
Email: _____
Residential Address: _____

Dependant Details 1:

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy) Gender: _____ (M/F)

Dependant Details 2:

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy) Gender: _____ (M/F)

Dependant Details 3:

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy) Gender: _____ (M/F)

Dependant Details 4:

Surname: _____
First Name: _____
Other Name: _____
Date of Birth: _____ (dd/mm/yyyy) Gender: _____ (M/F)

Preferred Hospital: _____

DATA SUBJECT CONSENT STATEMENT

I hereby confirm that I have the legal capacity to give consent and hereby voluntarily grant my consent to Hygeia HMO Limited (Hygeia) and its duly appointed representatives, authority to access, retrieve, process, store, transfer as well as use for any legitimate and lawful purpose, my personal and/or medical information including all relevant data envisaged by the extant law including but not limited to the Nigerian Data Protection Regulation (and any amendment thereto) solely for the purpose of carrying out their duties and responsibilities as my health insurance Company. I confirm that I am aware of my rights, abilities and method to withdraw my consent herein at any time by notifying Hygeia HMO in writing and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same. In addition, I hereby grant same consent to Hygeia HMO on behalf of all my dependant(s) who are minors and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same or such a time when my dependent each personally withdraws same after attaining the statutory age of majority

All completed forms should be returned to:

Address: Elephant House | 6th – 7th Floor | 214, Broad Street, Lagos Island, Lagos.

Phone: 0700 HYGEIA HMO (0700 494342 466)

E-mail: hycare@hygeiahmo.com

Terms & Conditions

Access Rights

This refers to the right an Enrollee will have to any category of Provider/Hospital upon buying a plan. Access right for each plan is as indicated on the face of the Benefit Schedule of the respective plans.

Specific Conditions

All HyBasic and HyStarter Plans

- The maximum age limit for Principal and Dependant is 50 years and 18 years respectively.
- Surgeries, Cancer Care and Psychiatric Care have one year waiting period and will not be covered or provided in the first year of the commencement of any of the plans. On renewal, these benefits will be accessible provided the enrollee remains enrolled with Hygeia HMO for a period of one consecutive year.
- The following benefits will not be covered or provided for in the first 3 months of the commencement of any of the plans: Optical Care, Dental Care.

Senior Citizens Plan

- Applicable to persons between 51-85 Years
- Optical and Dental Care has a three months waiting period and therefore will not be covered or provided for in the first three months of commencement of any of the plans
- Monthly drug refills for chronic illnesses will not be covered or provided for in the first two months of the commencement of any of the plans
- Surgeries, Cancer Care and Psychiatric Care have a one year waiting period and thus will not be covered or provided in the first year of the commencement of any of the plans. On renewal, these benefits will be accessible provided the enrollee remains enrolled with Hygeia HMO for a period of one consecutive year.
- There is no waiting period for Intensive care Services
- Enrollees will enjoy 5% discount on premium paid upon renewal where there is no utilization in the previous year.

HyPrime Plans

- Maximum age for each enrollee is 50 years
- The following benefits will not be covered or provided in the first year of the commencement of the scheme: Surgeries, Cancer Care and Psychiatric Care. This period otherwise known as waiting period shall commence on the date of entry to the date of renewal. On renewal, this benefit will be accessible provided the enrollee has been enrolled for one year with the HMO.
- The following benefits will not be covered or provided in the first 6 months of the commencement of the scheme: Neonatal Care Services and all Immunisations
- The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care, Dental Care

General Conditions: Applies to All Plans

Cover Limit. The overall cover limit refers to the maximum annual reimbursement by Hygeia HMO to cater for the care and treatment of the enrollee. These limits are plan and provider category specific. Specific monetary or benefit limits may apply for specific services such as optical, dental and surgical procedures. In addition, some services are capped or restricted based on length of stay or number of procedures dispensed.

Waiting period means that period of time commencing on the date of commencement of the plan during which an Enrollee is required to wait to be entitled to benefit for a particular condition. In addition to specific waiting periods for the respective plans, all plans are subject to a two weeks waiting period after registration. Therefore, a plan purchased becomes active 14 days after completion of registration.

Right to cancel Policy. Hygeia is at liberty to cancel the cover of any Insured Person(s) who has/have misled it or breached any term of this Agreement, given incorrect, incomplete or misleading information, failed to provide any reasonable information which Hygeia requested, conspired with a third party to obtain undue benefit from this Policy, or submitted a claim which is in any respect fraudulent or unfounded. In any of these circumstances Hygeia shall have the right to cancel the insured persons cover from the date of commencement (without refund of any portion of the unused premium) and recover from him/her any benefit it might have paid/earned in relation to such claim.

Cancellation/Termination at an Enrollees Instance is only possible within the first 30 days of the commencement of the policy. An Enrollee that decides to cancel/terminate this Health Insurance Policy must notify Hygeia HMO in writing and the Enrollee shall be entitled to a refund of the premium paid less (1) any amounts incurred on their behalf as medical and other expenses (2) an administrative charge of 20% of the premium paid. No refund shall apply in case of termination/cancellation made by an Enrollee after 30 days of the commencement of the policy.

Cancellation/Termination at our Instance

Similarly, Hygeia HMO may terminate the Policy by sending 30 days' notice by registered letter to an enrollee at their last known address or via electronic means to their known e-mail address indicated to it at any time and in such event, Hygeia HMO will refund to the Enrollee an amount equal to the pro-rata value of their unused premium. Unused premium refers to the difference between the

By signing this form, I understand that Hygeia HMO Limited is not a hospital. I affirm that the information provided is entered correctly and truthfully. I have read and understood the terms and conditions herein and I confirm that I am aware and have read the content of the schedule of benefits; accordingly, I agree to be bound by both the Terms and Conditions and the Schedule of Benefits.

Enrollee Signature & Date:

Payment of premium should be done into the following bank account:

Bank: Zenith Bank

Account Name: Hygeia HMO Limited

Account Number: 1015393714

Payee's Name: _____

Amount Paid: _____

For easy reconciliation of funds, kindly indicate in a legible form, the beneficiary's full name as the name of the depositor, if paying with a Bank Teller. Where Payment is made online, please indicate the name of the beneficiary in the portion for "Transaction Narration". Hygeia HMO will not be responsible for wrong, improper or inappropriate narration during Bank payments or online transfer of funds.

For Internal Use Only

Name: _____ a _____

premium paid and the medical cost incurred as at the effective date of termination which includes amounts reported and amounts yet to be reported but which were incurred prior to the date of termination.

Treatment prior to Date of Commencement. Hygeia will not cover or pay for any treatment that was given before an Enrollee's commencement date of cover or after cancellation/termination of cover or during any period for which Hygeia is yet to receive premiums.

Treatment that is not covered under the Benefit Schedule. Hygeia will not cover or pay for any treatment that is not specifically covered under the Benefit Schedule of the Policy. Hygeia will not cover nor pay for other conditions or procedures which are not specified as covered services in the schedule of benefits for each plan. Similarly, all plans do not cover Consultations with unrecognized/un-orthodox consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners. In the same vein, complications from such unrecognized/un-orthodox places are not covered under any of the plans.

Transferability: The plans are person specific and non-transferable.

Confidentiality. Hygeia is committed to protecting the information of its Enrollees and it is bound by law and regulatory standards to maintain the privacy of its Enrollees' medical information and records. Hygeia also holds its employees, providers and consultants and business associates to strict policies and procedures protecting Enrollees information. The Information collected from an Enrollee at enrolment and other transactions would include an Enrollee's bio-data as well as an Enrollee's medical information through claims and utilization data submitted from healthcare providers.

Categorization of Healthcare facilities: Healthcare Providers are categorized by Hygeia for the benefit of ease of access to care by its Enrollees. Hygeia reserves the right to review this categorization from time to time without prior recourse to an Enrollee. This could include (but not limited to) the addition and deletion of healthcare providers from the general list and/or from a specific plan provider list. An Enrollee will however always have access to a number of healthcare facilities within their applicable Hygeia network of Providers.

Liability. Hygeia shall not be liable for any damages or losses that may arise from an Enrollees failure to pay premiums as and when due. Hygeia shall however ensure that its medical service providers provide all covered services in accordance with generally accepted clinical standards. Hygeia shall therefore enter into Standard Agreements with its service providers for the protection of the beneficiaries/Enrollees.

Refunds

Enrollees are required to access care within Hygeia HMO's network of Providers and not pay out of pocket for covered services. In the odd event that an enrollee has to pay out of pocket, prior approval of Hygeia HMO must be obtained through its contact centre and a refund will be made by Hygeia HMO upon the enrollee providing the following documents within 30 days of encounter: (1) copy of medical report from the Health care practitioner indicating history of the medical condition, diagnosis and treatment administered, (2) Original Receipt for having made payment indicating the costs separately for consultation, each investigation, each procedure and each Drug and the quantity dispensed, (3) Pre-authorisation number received from Hygeia HMO.

All refunds will be made only into the principal enrollees designated account based only on medical necessity as might be reviewed by Hygeia's in-house medical practitioners and only at Hygeia HMO's designated/customary rate irrespective of the cost of care. Also, refunds are only applicable where same is processed and paid before receipt by Hygeia HMO of the notice to terminate or expiration of a plan.

Supply of drugs & medication – all enrollees are covered for drugs recommended in the course of their treatment for covered services except for excluded items. As a standard, enrollees shall be prescribed generic drugs except where no generic option exists, in which case, prior approval will be sought by the provider to dispense such medication.

In the event that the provider or enrollee prefers a branded option where a generic option is available, such option may be paid for directly by the enrollee to the provider. Kindly note that where the provider does not maintain a stock of generic medications, a prescription should be collected and the generic medication taken from a pharmacy for which Hygeia HMO will be responsible.

Notices or Demands. Any notices or demands required to be given under this Agreement, or given in connection with it, shall be in writing and shall be given by electronic means. Should the Enrollee require or where Hygeia deems same expedient, such notice can also be issued in hard copy and delivered by personal delivery or courier service delivery to the last known address of the other party. Changes in address has to be communicated to the other party otherwise, notifications will continue to be delivered to the last known address and remain legally enforceable. Hygeia can be contacted at any time through its Hycare Service Centre: 0700 HYGEIA HMO (0700 494342 466);

hycare@hygeiahmo.com