

HYMAT REGISTRATION FORM

Place a passport photograph and print your name on the reverse

HYMAT PACKAGES (Please tick below as appropriate)																						
HyMat Standard HyMat Plus HyMat Standard Twins HyMat Plus Twins																						
Principal Details: KINDLY FILL INFORMATION IN BLOCK LETTERS																						
Surname:																						
First Name:																						
Other Name:																						
Date of Birth: Mobile Number:																						
	(dd/m	nm/yyyy,)																1		 	
E-Mail Address:																				L	L	
Residential Address	: [
Provider of Choice:_																						

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:

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 plan.

Specific Conditions Applies to the HyMat Plan

- There is a 7-day waiting period to access care
- HyMat Plan covers Antenatal Care, Delivery, 6-week Post-natal Consultation, and Baby Care. No
 other benefit will be allowed under the plan.
- The enrollee is not allowed to change providers for Ante-natal Care after being checked in at the selected Provider
- Where enrollee decides to change providers for delivery, Hygeia will only pay for the delivery
 costs and subsequent postnatal and baby care costs and will not be liable to pay for any other
 antenatal care at the new provider
- Where a twin delivery is expected the enrollee will pay an agreed top-up to cover the cost of
 the second baby (in line with the upgrade terms and conditions). Otherwise, Hygeia will only
 pay for one delivery and the enrollee pays the difference at the hospital.
- The enrollee is only allowed to upgrade her plan at the latest One month to her delivery date.
 After that, no upgrade is allowed
- An enrollee who pays for Normal Vaginal Delivery will not be able to top up at the hospital even in an emergency

Specific Conditions: Applies to the BabyCare Plan

- The plan is only available in the baby's first year of life. Upon the expiration of the plan, the mother is being advised to purchase any of the other retail plans.
- All benefits are subject to their respective sectional limits which are described as Inpatient Limit and
 Outpatient Limit. However, within the respective sectional limit, there are specific benefit limits as
 well. Consequently, if any specific benefit limit under the sectional limit is exhausted, the remaining
 limit in that section will only cover other benefits within the section apart from the one that the specific
 benefit limit has been exhausted.

General Conditions:

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.

Waiting period means that period 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 7 days waiting period after registration. Therefore, a plan purchased becomes active 7 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 with immediate effect (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 Enrollee Instance is only possible within the first 30 days of the commencement of the policy. An Enrollee that decides to cancel/terminate this Hymat Plan must notify Hygeia HMO in writing and the Enrollee shall be entitled to a refund of 70% of the premium paid less any amounts incurred on their behalf as medical expenses. 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 Hygeia HMO'S 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 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

Enrollee Signature & Date: ___

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

Bank Name: Zenith Bank

Account Name: Hygeia HMO LTD

Account Number: 1015393714

* Please use the beneficiary full name as name of depositor if paying with a bank teller and as the

transactios narration notifying through online transfer.

Amount Paid: _
Payee's Name:.

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. The Hymat plan does not cover Consultations with unrecognized/un-orthodox consultants, hospitals, family doctors, therapists, dental practitioners, or complementary medicine 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 and non-exchangeable

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 Enrollee's 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.

Liability and Indemnity: The Enrollee understands that Hygeia HMO is not a hospital but a health insurer. Hygeia HMO shall however direct that its medical service providers provide the services in accordance with generally accepted clinical standards. To this end, Hygeia HMO shall enter into Standard Agreements with its service providers for the protection of mother and baby. Therefore, the Enrollee hereby indemnifies and holds Hygeia HMO harmless against claims, actions, proceedings, losses, damages, expenses and costs (including, but not limited to court costs and reasonable legal fees) for any liabilities that may arise in the course of the care given by a provider under this agreement or due to lack of payment of either premiums or costs not otherwise covered by this agreement.

REFUNDS

The HyMat plan is non-refundable except in the following 2 circumstances;

- a. The enrollee is entitled to a refund of 40% of the premium paid in the event that delivery happens at another provider on an emergency basis.
- b. The enrollee is entitled to a refund of 30% of the premium paid in the event of Vaginal Delivery where the HyMat Plus Plan has been purchased.

Miscarriages and Still-Births

- a. Where a miscarriage occurs, the plan will terminate. In the event that the enrollee requires an evacuation, this will be covered under the plan. The enrollee will be entitled to a refund of 50% of the premium paid for the plan.
- Where a still-birth occurs, the enrollee will still be managed on the plan and eligible for postnatal consultation. The enrollee will not be entitled to any refund.

Supply of drugs & medication – The baby will be covered for drugs recommended in the course of treatment for covered services except for excluded items. Similarly, the mother will be covered for drugs strictly under the antenatal package. As a standard, whether as regards the maternity plan or the baby care plan, generic drugs shall be prescribed except where no generic option exists, in which case, prior approval will be sought by the provider to dispense such medication.

A. Exclusions

HyMat Plan does not cover:

- Cervical Cerclage,
- Epidural Services
- Complications during pregnancy and delivery
- Antenatal care outside the enrollee's chosen hospital
- Routine Outpatient Treatment, Medication, Investigations other than what is covered under the Antenatal care at preferred provider.
- Routine Inpatient services other than delivery services
- Family Planning services

 $Enrollee \, agrees \, to \, make \, payment \, for \, these \, exclusions \, to \, the \, hospital \, at \, the \, point \, of \, care.$

NOTICES or DEMANDS. Any notice or demand 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 HMO deems the same expedient, such notice may 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 have to be communicated to the other party otherwise, notifications will continue to be delivered to the last known address and remain legally enforceable.

Renewals and Reviews of Terms: The HyMat Plan is not renewable and terminates automatically 60 days after delivery. The BabyCare Plan is only available in the baby's first year of life and terminates 1 year after delivery. Upon expiration of the plan, the mother is advised to purchase any of the other retail plans to continue enjoying care.