

HYSTARTER ENROLLEE REGISTRATION FORM

ENROLLEE

Place passport
Photograph here
and print name
on the reverse
side

Please tick the appropriate box below

HyStarter **HyStarter Premium**

Details: KINDLY FILL ENROLLEE INFORMATION IN BLOCK LETTERS

Surname: _____

First Name: _____

Other Name: _____

Date of Birth: _____
(dd/mm/yyyy)

Mobile: _____ **Gender:** _____
(M/F)

Email: _____

Residential Address: _____

Employer (Company Name): _____

DATA SUBJECT CONSENT STATEMENT

I hereby confirm by myself/through my authorized representative that I have the legal capacity to give consent and hereby by myself/through my authorized representative voluntarily grant my consent to Hygeia HMO Limited (Hygeia) and its duly appointed representatives, the 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, liabilities 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 Floor | 214, Broad Street, Lagos Island, Lagos.
Phone: 0700 HYGEIA HMO (0700 494342 466)
E-mail: hycare@hygeiahmo.com

Terms & Conditions

This refers to the right an Enrollee will have to a category of Providers/Hospitals upon buying the plan. Access right for the plans are as indicated on the face of the Benefit Schedule of the plan. To all intent and purpose, the Benefit Schedule shall form part of the Terms and Conditions and shall be read, interpreted and construed along with these terms and conditions.

Waiting period means that period of time commencing on the date of commencement of the plans during which an Enrollee is required to wait to be entitled to access any care under the plans. **This is a period of 14 days and is in addition to specific waiting periods as stated below.** Therefore, a plan purchased becomes active 14 days after completion of registration

Specific Conditions:

- The maximum age limit is 60 years.
- The following benefits will not be covered or provided for in the first year of the commencement of the Plans: Surgeries, Critical Illness + Death Cover and Psychiatric Care. This period otherwise known as waiting period shall commence on the date of entry to the date of renewal. On renewal, these benefits will be accessible provided the enrollee has been enrolled for one consecutive year with Hygeia HMO.
- The following benefits will not be covered or provided for in the first 3 months of the commencement of the plans: Optical Care, Dental Care.
- The following benefits will not be covered or provided for in the first 2 months of the commencement of the plans in the case of HyStarter Premium plan alone: Chronic Medication. Chronic Medication are not covered under HyStarter.

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. All benefits are subject to their respective sectional limits which is described as: **Inpatient Limit and Outpatient Limit.** However, within the respective sectional limit, there are specific benefit limits as well. Consequently, in the event that 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. The sections and their limits are contained in the Benefit Schedule of the plans.

Emergency

This refers to a medical condition of a recent onset and severity, including but not limited to severe pain that will lead a qualified person possessing sufficient knowledge of medicine and health, to believe that the condition, sickness, or injury is of such a nature that failure to get immediate appropriate medical care could result in:

- a. Placing the member's health in serious jeopardy;
 - b. Serious impairment to bodily functions;
 - c. Serious dysfunction of any bodily organ or part thereof;
- In the case of a pregnant woman, serious jeopardy to the health of foetus

Benefit limits: All plan benefits are subject to their respective sectional limits which is described as: Inpatient Limit and Outpatient Limit as stated in the benefit Schedule. However, within the respective sectional limit, there are specific benefit limits as well. Consequently, in the event that 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

Right to cancel Policy. Hygeia HMO is at liberty to cancel the cover of any Insured Person(s) who has/have mislead or breached any term of this Agreement, given incorrect, incomplete or misleading information, failed to provide any reasonable information which Hygeia HMO 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 HMO 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. Similarly, in the case of an instalment payer, the balance instalments shall immediately fall due and become payable to Hygeia HMO by the Enrollees/payer. Hygeia HMO shall have the right to recover all such outstanding premiums against the enrollees/payer.

Cancellation/Termination at an Enrollees Instance is only available for enrollees making annual payment and 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 Hygeia HMO's Instance * In the odd event that Hygeia HMO has to terminate the Policy, it shall do so 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. In such event, Hygeia HMO will refund to the Enrollee an amount equal to the pro-rata value of their unused premium. Similarly, in the case of an Instalment Payer/Enrollee, the agreement shall immediately cease and the Enrollee shall be liable to pay the Hygeia HMO prorata premium up until the time of termination in the event that such has not been paid. Hygeia shall have the right to recover such premiums from the Enrollee or their authorised representatives.

Treatment prior to Date of Commencement. Hygeia HMO will not cover or pay for any treatment that was given before an Enrollee's commencement date of cover (including waiting periods) or after cancellation/termination of cover or during any period for which Hygeia HMO 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 HMO will not cover nor pay for other conditions or procedures which are not specified as covered services in the schedule of benefits for the plans. Similarly, the 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 the plans.

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

Confidentiality. Hygeia HMO 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 HMO 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. Hygeia HMO can also access an Enrollee's medical records in furtherance of its role under the health plans and you hereby consent to our access of your medical records and information accordingly.

Categorization of Healthcare facilities: Healthcare Providers are categorized by Hygeia HMO for the benefit of ease of access to care by its Enrollees. Hygeia HMO 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 HMO network of Providers.

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

Installment Payment

- Premiums are due annually and the full annual premium is established/crystallises at the start of the Annual cover or a renewal period thereof. Unless payment by instalment was approved at commencement of cover or any renewal period thereof, the Principal enrollee must pay the full premium amount due to Hygeia HMO at the beginning of the policy period for the Enrollees to be covered prior to commencement of cover. This notwithstanding, and irrespective of the agreed payment by instalment, the enrollee shall be liable to pay the full premium in the event of an early termination of the cover.
- Where payment is by monthly instalment, the enrollee shall pay the first instalment at inception with the subsequent instalments payable not later than the last day of each preceding month and where Hygeia HMO does not receive payment within the agreed timelines, Hygeia HMO shall be at liberty to suspend care to the enrollee.
- An enrollee who defaults on installment payment shall first pay all outstanding monthly instalment as well as the instalment due for the new month that will begin to run, before reinstatement of care. In any event, the cover shall still run for a period of one year without extension based on the commencement date of the plan irrespective of the suspension during the year.

Refunds

Enrollees are required to access medically necessary care within Hygeia HMO's network of Providers alone and not pay out of pocket for covered services. In the odd event that an enrollee has to pay out of pocket, this only has to be in an emergency situation as qualified by a medical practitioner without influence of the enrollee and only within Hygeia. The 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.

All refunds will be made only into the enrollees designated account based only on medical necessity as might be reviewed by Hygeia HMO's in-house medical practitioners and only at Hygeia HMO's designated/customer rate irrespective of the cost of care. Also, refunds are only applicable where same is received 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.

Death and Critical Illness Cover: Are applicable and covered under the plans as evident in the benefit Schedule and detailed below:

A. Benefits under the policy

(1) **Death Benefit** – This is the amount to be paid upon the death of the enrollee covered under the plan whose demise occurred at any time before the expiration date of their Policy and subject to the Policy being in force. This benefit falls due and becomes payable provided that the Enrollee (1) had a valid policy as at the time of death (2) supplies all required documentation as would be required (3) the death did not occur as a result of any of the exclusions listed below. (4) Any other condition as might be

conveyed from time to time to the enrollee.

(ii) **Critical Illness** – This benefit covers the following diseases: Cancer, Stroke, Heart Attack, and Kidney Failure. In the event that the enrollee suffers from any of these the Enrollee shall, upon necessary application be paid the Critical Illness Benefit. The amount to be paid shall be the Sum Assured as contained in the Benefit schedule of the plans and the payment of this benefit shall immediately extinguish the liability of Hygeia HMO to the Enrollee and no further benefits shall be payable in the event of subsequent Death whether from the critical illness or otherwise.

Note: Under this Policy, the Enrollee can only make a claim once either under either (i) – Death Benefit, or (ii) – Critical Illness but not a combination of any of the two (2) benefits.

B. Exclusions

1) The Sum Assured is not payable under this Policy if the Death of the Enrollee is caused by or as a consequence of: -

- a. Suicide
- b. The execution of judicial sentence of death
- c. Declaration of war
- d. Dangerous Sports and Activities
- e. Use or injection and/or ingestion of harmful substances like Marijuana, Cocaine, Heroin, abuse of prescribed drugs and any un-prescribed drugs
- f. Participation in a riot

2) The Sum Assured is not payable under this Policy in the case of Critical Illness:

a) for Cancers which are historically classified as any of the following:

- Pre-malignant
- Non-invasive
- Cancer in situ
- Having borderline malignancy or
- Having low malignant potential

b) All tumours of the prostate unless historically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO

c) Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been historically classified as having caused invasion beyond the epidemics (outer layer of skin), unless the skin cancer has been confirmed as malignant and has spread to the lymph nodes organs.

D) For Heart Attack, other acute coronary syndromes including but not limited to angina (i.e. severe chest pain or discomfort that is a symbol of coronary artery disease.

E) For Stroke, transient ischaemic attack (temporary disruption of the blood circulation to the part of the brain)

F) For Kidney Failure, acute reversible kidney failure that only needs temporary renal dialysis and single kidney failure is not covered

Referral: All Referrals for access to care will be to only Hygeia HMO network Providers alone. Any referrals to an out of network Provider shall be borne by the enrollee

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 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 has to be communicated to the other party otherwise, notifications will continue to be delivered to the last known address and remain legally enforceable.

Review: Hygeia HMO shall be at liberty to review the terms and conditions herein or as contained in the benefit schedule of a plan, at any time without prior recourse to the enrollee provided however that such amendment can only take effect at renewal of a subsisting term of an enrollee's plan. The plan shall renew automatically upon the payment of the appropriate premium under the terms and conditions as well as benefits schedule applicable at renewal and shall subsist for another year. Consequently, only the current years Benefit Schedule as well as terms and Conditions presented by Hygeia HMO shall be applicable during any given one-year term. The enrollee or their Authorised Representative is at liberty to request for the current year's benefit schedule as well as the Terms and Conditions should they wish.

Consent and Understanding

By signing this form, I the under listed Enrollee and/or Authorised Representative thereof understands that

(1) 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.

(2) Hygeia HMO lawfully collates and processes data including but not limited to name, Sex, address, spouse, children, telephone number, email address, date of birth, national identification number, diagnosis, treatments, medications, treatment guidelines etc. for the administration and provision of access to healthcare to Enrollees through its network of health care providers. Data collected is solely processed by Hygeia HMO staff and legally appointed third parties under its network. All collected data are stored and transmitted through secure electronic and physical channels to Hygeia's agents, third parties and Providers who are all contractually bound to process all data received with the highest standards of confidentiality. Data collected will be held as long as is necessary to implement, administer and manage access to care and retrieval of information under the Hygeia HMO network or as stipulated by necessary Regulation. An Enrollee may however request for his/her data to be deleted upon complete termination of the health insurance plan after a period of One year has lapsed since termination.

(3) By acquiring this health insurance plan, I hereby consent explicitly and completely to the collection, use, processing and transfer, in hardcopy, electronic means or other form, of my personal data including but not limited to name, Sex, address, spouse, children, telephone number, email address, date of birth, national identification no diagnosis, treatments, medications, treatment guidelines etc. as requested and provided to Hygeia HMO. I also authorize the transfer of my/our data to Health Care Providers and such other agents and third parties as Hygeia HMO may deem fit in furtherance to their role as Administrators and for the facilitation of access to care under the Policy/plan purchased and understand that I/we are at liberty to refuse or withdraw my/our consent.

FORCE MAJEURE

Neither Party shall be in breach of these Terms or otherwise liable to the other Party for any failure to perform or delay in the performance of the whole or part of its obligations under this Agreement which is caused by a Force Majeure event for as long as the Force Majeure event continues, provided that the Party affected by the Force Majeure event has within 24 hours after the occurrence of the Force Majeure event notified the other Party of the occurrence of the Force Majeure event. Such Party shall be excused from performance hereunder for so long as such causes, circumstances or events shall continue to prevent or delay such performance but not later than 21 days thereafter, after which the Agreement shall terminate.

For purpose of this Agreement, Force Majeure refers to any event beyond the reasonable control of the Parties, which by exercise of due diligence neither party is able to overcome and which makes a Party's performance of its obligations hereunder impossible or as impracticable as reasonably to be considered impossible under the circumstances. Such obligations include but are not limited to industrial dispute, strikes, riots, floods, fires, unnecessary hike in Provider Tariff, accidents, earthquakes, explosions, wars, hostilities, civil commotion, pandemics, epidemics, acts of God, and acts of directives of government or government authority.

In circumstances where Hygeia HMO is the affected party, the enrollee shall not be relieved from any obligation to make payments under this Agreement that are properly due and payable prior to receipt of notice of the Force Majeure eve

Enrollee /Authorised Representative

Signature _____

Date: _____

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

Bank: Zenith Bank

Account Name: Hygeia HMO Limited

Account Number: 1015393714

Enrollee/Beneficiary'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.

Contact: Hygeia HMO can be contacted at any time through its HyCare Service Centre: 0700

HYGEIA HMO (0700 494342 466);

email: hycare@hygeiahmo.

A.CONDITIONS

1.This quote is for an estimated population of 5-20 Lives.

Plans	HyStarter	HyStarter Premium
Region of Cover	Local	Local
Hospital Category	C-D	B-D ²
Inpatient Limit (₦)	450,000	500,000
Accidents & Emergencies: Resuscitative or lifesaving initial treatment	₦200,000	₦250,000
Accommodation (including feeding)	General Ward (15 Days/Annum)	Semi Private Ward (20 Days/Annum)
Inpatient medication	√ (Up to Inpatient Limit)	√ (Up to Inpatient Limit)
Surgeries ³	₦200,000	₦250,000
Outpatient Limit(₦)	170,000	200,000
Consultations		
Hospital based consultations with General practitioners and medical officers	√ (Up to 24 Consultations per Annum)	√ (Up to 24 Consultations per Annum)
Hospital based consultations with specialist	√ (Up to 12 Consultations per Annum)	√ (Up to 12 Consultations per Annum)
Telemedicine ⁴	Unlimited 24/7	Unlimited 24/7
Medications		
Chronic Disease Medication	-	₦100,000
Outpatient Prescription Medication	₦80,000	
Diagnostics		
Basic Diagnostic Tests ⁵	₦80,000	₦100,000
Immunizations		
NPI Immunizations for 5 years	BCG, Measles, DPT, Oral polio, IPV Vitamin A supplementation, Pentavalent vaccine	BCG, Measles, DPT, Oral polio, IPV Vitamin A supplementation, Pentavalent vaccine
Additional Immunizations for 5 years	Hepatitis B, HIB, Yellow Fever	Hepatitis B, HIB, Chicken Pox, MMR Pneumococcal, Rotavirus, Yellow Fever
Additional Immunizations for 6yrs and above	Hepatitis B, Yellow Fever	Hepatitis B, Yellow Fever
Ambulance Evacuation Services		
Home/Road Side to Hospital	√ (Hospital to Hospital Only)	√ (4 Times Per Annum)
Other Benefits		
Critical Illness + Death Cover ⁶	₦100,000	₦250,000
Dental Care	Relief of pain, Composite & Amalgam Fillings, Non-surgical extractions, Scaling and Polishing (₦15,000 per annum)	Relief of pain, fillings, Non-surgical extractions, preventive care, scaling and polishing, Dental Surgical Extraction (₦30,000 per annum)
Mortuary Services (Cleaning, Embalming, Storage, Autopsy)	₦50,000	₦50,000
Optical care: Eye testing, Treatment of acute diseases.	₦15,000 Limit	₦30,000 Limit
Physiotherapy	₦20,000	₦30,000

¹ The Premiums computed are inclusive of stamp duty tax.

² Additional Access to Lagos hospitals

³ This benefit includes all surgical costs relating to day case procedures, minor, intermediate, major surgeries (incl. Section), Endoscopic Procedures (Therapeutic and Diagnostic)

⁴ ONLY available on Telemedicine platform as advised by Hygeia HMO.

⁵ This includes X-rays, Ultrasounds and Laboratory tests (WHO list of essential diagnostics)

⁶ Enrollee is covered for a payment up to the stated limit in the event of critical illness (as a result of cancer, heart attack or stroke) or Death (Natural, Accidental or Covid related). The actual amount paid is based on the event and is subject to compliance with the rules of the plan.

A. EXCLUSIONS:

The following are excluded from all plans: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Management of Chronic Diseases on the HyStarter Plan including but not limited to consultation, prescription drugs and laboratory tests
4. Advanced and complex investigations including but not limited to CT Scan, MRI Scan and Echocardiography
5. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
6. Virility enhancing drugs
7. Maternity services including but not limited to antenatal care, delivery services, postnatal care services
8. Renal Dialysis
9. Treatment of Congenital abnormalities
10. Herbal drugs, non-prescription drugs and experimental drugs and treatment
11. Other laboratory investigations not listed in the schedule of covered services
12. Dental care not listed in the schedule of covered services
13. Optical care not listed in the schedule of covered services including Frames and Lenses
14. Neonatal care services including but not limited to male circumcision, ear piercing, treatment of mild or moderate neonatal sepsis, phototherapy, NICU and SBCU services.
15. Optical Care: Lenses, Frames & Contact, Lenses
16. Other advanced immunizations not specified in the plan benefits.
17. HIV/AIDS Care & Treatment
18. Home care and domiciliary services
19. Intensive care treatment
20. Interstate travel for services not available in State
21. Joint replacements and prosthetic limbs
22. Psychiatric Treatment and illness
23. Comprehensive health screening/well persons' check
24. Pre – School Health examinations
25. Self-inflicted injuries
26. Treatment of obesity
27. All Covid-19 testing and treatment
28. Speech disorders
29. Room upgrades beyond that specified in the plan benefits
30. Management of severe burns (Burns covering more than 10% body surface area)
31. Learning difficulties, behavioral and developmental problems
32. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
33. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical services

B. NOTE

1. Only persons below the age of 60 years are eligible on this plan.
2. There will be a waiting period of 2 weeks after registration. Plans purchased becomes active 2 weeks after purchase date.
3. All benefits are subject to their respective sectional limits which is described as: Inpatient Limit and Outpatient Limit. However, within the respective sectional limit, there are specific benefit limits as well. Consequently, in the event that 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.
4. The following benefits will not be covered or provided in the first year of the commencement of the scheme: Surgeries, Critical Illness + Death Cover 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.
5. The following benefits will not be covered or provided in the first 3 months of the commencement of the scheme: Optical Care, Dental Care and Chronic Disease Medication.