



HealthXtra Registration Form

PRINCIPAL	BENEFICIARY 1	BENEFICIARY 2	BENEFICIARY 3	BENEFICIARY 4	BENEFICIARY 5
Place passport Photograph here and print name on the reverse side	Place passport Photograph here and print name on the reverse side	Place passport Photograph here and print name on the reverse side	Place passport Photograph here and print name on the reverse side	Place passport Photograph here and print name on the reverse side	Place passport Photograph here and print name on the reverse side

Principal's Details: KINDLY FILL INFORMATION IN BLOCK LETTERS

Beneficiary 1

Surname: _____ **Surname:** _____

First Name: _____ **First Name:** _____

Other Name: _____ **Other Name:** _____

Date of Birth: _____ **Account Number:** _____ **Date of Birth:** _____

(dd/mm/yyyy) (dd/mm/yyyy)

Marital Status: _____ **Gender:** _____ **Marital Status:** _____ **Gender:** _____

(M/F) (M/F)

Mobile: _____ **Mobile:** _____

Email: _____ **Email:** _____

RESIDENTIAL Address: _____ **RESIDENTIAL Address:** _____

Beneficiary Details 2

Beneficiary Details 3

Surname: _____ **Surname:** _____

First Name: _____ **First Name:** _____

Other Name: _____ **Other Name:** _____

Date of Birth: _____ **Date of Birth:** _____

(dd/mm/yyyy) (dd/mm/yyyy)

Marital Status: _____ **Gender:** _____ **Marital Status:** _____ **Gender:** _____

(M/F) (M/F)

Mobile: _____ **Mobile:** _____

Email: _____ **Email:** _____

RESIDENTIAL Address: _____ **RESIDENTIAL Address:** _____

Beneficiary Details 4:

Beneficiary Details 5:

Surname: _____ **Surname:** _____

First Name: _____ **First Name:** _____

Other Name: _____ **Other Name:** _____

Date of Birth: _____ **Gender:** _____ **Date of Birth:** _____ **Gender:** _____

(dd/mm/yyyy) (M/F) (dd/mm/yyyy) (M/F)

Mobile: _____ **Mobile:** _____

Marital Status: _____ **Gender:** _____ **Marital Status:** _____ **Gender:** _____

(M/F) (M/F)

RESIDENTIAL Address: _____ **RESIDENTIAL Address:** _____

I have read and understood the attached Terms and Conditions. I accept and agree to be bound by the said Terms and Conditions. I agree that Access Bank debit my account for the cost of the plan as applicable.

PRINCIPAL'S SIGNATURE/DATE:

RENEWALS ONLY

I/We.....agree that my account should be debited annually following the expiration of the current plan.

PRINCIPAL'S SIGNATURE/DATE:

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.

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. 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. This plan is 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 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.

CONDITIONS

1. The maximum age limit for Principal is 60 years.
2. Access to care is available from date of receipt of enrollee details.
3. Antenatal Care will not be covered or provided in the first 6 months of the scheme.
4. Surgeries will not be covered or provided in the first year of the commencement of the scheme. On renewal, this benefit will be accessible provided the enrollee has been enrolled for one year with the HMO.

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.

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

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.

EXCLUSIONS:

The following are excluded from the Access Health Extra Plan: -

1. Overseas treatment and transplant surgery
2. Plastic/cosmetic surgeries
3. Treatment of Chronic Conditions including but not limited to Hypertension, Diabetes, Asthma, Cataract, Arthritis and Peptic Ulcer
4. Other immunizations not listed in the schedule of covered services
5. Mortuary Services (Cleaning, Embalmmnt, Storage, Autopsy)
6. Accommodation for anyone other than the plan enrollee/beneficiary
7. Kidney Dialysis
8. Physiotherapy Services
9. Neonatal care services.
10. Supply of glasses including but not limited to frames, lenses and contact lenses.
11. Inter-State Referral Services for services not available in State
12. Cancer Care including but not limited to Oncology Tests, Drugs, Chemotherapy & Radiotherapy
13. Ambulance services
14. Advanced and complex investigations including but not limited to MRI, CT Scans and endoscopies.
15. Other maternity services not listed in covered services including but not limited to Delivery Services, Postnatal care.
16. Investigations and treatment for problems relating to infertility e.g. hydrotubation, hysterosalpingogram, I.V.F, G.I.F.T and artificial insemination
17. Virility enhancing drugs
18. Herbal drugs, non-prescription drugs, food supplements and experimental drugs and treatment
19. Other laboratory investigations not listed in the schedule of covered services
20. Home care and domiciliary services
21. Joint replacements and prosthetic limbs
22. Comprehensive health screening/well persons check
23. Treatment for newborns not registered on the plan after 6 weeks of birth.
24. Congenital abnormalities
25. Self-inflicted injuries
26. Treatment of obesity
27. Speech disorders
28. Room upgrades beyond that specified in the plan benefits
29. Learning difficulties, behavioral and developmental problems
30. Consultations with unrecognized consultants, hospitals, family doctors, therapists, dental practitioners or complementary medicines practitioners
31. Any other treatment, service, procedure or investigation not listed in the schedule of covered medical Services

By signing this form, I understand 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 Enrolees 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.

(3) By acquiring this health insurance and non-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.

By signing the above 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.