FAMILY PLAN REGISTRATION FORM

PRINCIPAL	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side

Insurance Plans (Please tick the appropriate box below)

☐ **HyBasic Family** ☐ **HyPrime Family**

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

Dependant Details 2:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ *(M/F)*

Dependant Details 3:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ Gender: _____ *(dd/mm/yyyy)* ***(M/F)***

Dependant Details 4:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ *(dd/mm/yyyy)* ***(M/F)***

Terms & Conditions

Access Rights
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 me 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 7 days and is in addition to specific waiting periods as stated below**. Therefore, a plan purchased becomes active 7 days a er completion of registration

Specific Conditions: HyBasic Plans
- Maximum principal age limit is 60 years and Dependant age limit is 21 years.
- Family means Principal, Spouse and 2/4 Dependants
- 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, 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 following benefits will not be covered or provided in the first year of commencement: Maternity Services, Surgeries, and Permanent Disability + Death Cover. This period otherwise known as the 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 3 months of commencement: All Immunizations, Neonatal Care Services, Optical Care, Dental Care

Specific Conditions: HyPrime Plans
- Maximum principal age limit is 60 years and Dependant age limit is 21 years.
- Family means Principal, Spouse and 2/4 Dependants
- 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, 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 following benefits will not be covered or provided in the first year of commencement: Maternity Services, Surgeries, Intensive Care Services and Permanent Disability + Death Cover. This period otherwise known as the 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 commencement: Wellness Benefits.
- The following benefits will not be covered or provided in the first 3 months of commencement: All Immunizations, Health Checks, Neonatal Care Services, Optical Care, Dental Care and Chronic Disease Management.

Right to cancel Policy. Hygeia HMO 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 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

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 termina on/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 le er to an enrollee at their last known address or via electronic means to their known e-mail address indicated to it at any me. In such event, Hygeia HMO will refund to the Enrollee an amount equal to the pro-rata value of their unused premium

Treatment prior to Date of Commencement. Hygeia HMO will not cover or pay for any treatment that was given before an Enrolee's commencement date of cover (including waiting periods) or a er cancellation/termina on 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 self-medication or Consultations with unrecognized/un-orthodox consultants, hospitals, family doctors, therapists, dental practioners or complementary medicines practioners. 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 Informa on 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 me to me without prior recourse to an Enrollee. This could include (but not limited to) the addition and dele on 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.

For all intent and purpose, Hygeia HMO shall be at liberty to modify the payment process and information at any me, and notify the enrollee of the new process. Provided however that only payments acknowledged by Hygeia HMO shall be deemed valid.

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 enrolee 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 indica ng history of the medical condition, diagnosis and treatment administered, (2) Original Receipt for having made payment indicating the costs separately for consulta on, 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/customary 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 as defined in the plan benefit except for excluded items. As a standard, enrollees shall be prescribed generic drugs. except where no generic op on exists, in which case, prior approval will be sought by the provider to dispense branded medication.

In the event that the provider or enrollee prefers a branded op on where a generic op on is available, such op on 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.

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 enrolee and not eligible for refunds.

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 me without prior recourse to the enrollee provided however that such amendment can only take effect at renewal of a subsisting term of an enrolee'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 enrolee 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 Enrolee 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 Enrolees through its network of health care providers. Data collected is solely processed by Hygeia HMO staff and legally appointed third par es under its network. All collected data are stored and transmitted through secure electronic and physical channels to Hygeia's agents, third par es 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 Regula on. An Enrolee may however request for his/her data to be deleted upon complete termina on of the health insurance plan a er a period of One year has lapsed since termina on.

(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 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 par es 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 a er 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, a er which the Agreement shall terminate.

For purpose of this Agreement, Force Majeure refers to any event beyond the reasonable control of the Par es, 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, hos li es, civil commo on, 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 event

DATA SUBJECT PRIVACY/CONSENT STATEMENT

We, being the principal enrollee/Authorized representative/ Guardian hereby confirm that we have the legal capacity to give consent and hereby voluntarily grant our 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, our 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) as well as the Nigerian Data Protection Act (and any amendment thereto) solely for the purpose of carrying out their duties and responsibilities as our health insurance Company and providing health maintenance services. We are aware that our information may be shared with third-party service providers of Hygeia HMO for these purposes, and Hygeia HMO shall take measures to protect the said information. We confirm that we are aware of our rights, labilities and method to withdraw our 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 we withdraw same.

In addition, where applicable, I, The principal enrollee confirm that I am the duly authorized representative of my minor children, wards, aged parents and any legal Dependents and accordingly, 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 minor dependant each personally withdraws same after attaining the statutory age of majority

For myself and on behalf of my Dependent:

i. Principal Enrollee Signature & Date:_____

Spouse 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 as any me through its HyCare Service Centre: 0700 HYGEIA HMO (0700 494342 466); email: hycare@hygeiahmo.com.