



PT. AIA FINANCIAL – Employee Benefits
Menara Palma 21st floor
Jl. HR. Rasuna Said Blok X2 Kav. 6
Jakarta Selatan 12950
T: (021) 2994 8900 F: (021) 5795 7434
Email address: id.eb.admin@aia.com

WEB USER ID / ONLINE EMPLOYEE DATA SUBMISSION SERVICE REQUEST FORM FOR POLICYHOLDER

PART A. INFORMATION OF POLICYHOLDER AND USER ID SETUP

Policy No. : _____
Policyholder Name : _____
Policy Initial Effective Date : _____
Preferred Date Format Displayed on Web : dd/mm/yyyy mm/dd/yyyy
Requested By : _____
(Note: User ID and Password confirmation letters will be sent directly to the corresponding contact person in PT. AIA FINANCIAL's record.)
Email Address : _____
(Maximum length of the email address is 40 characters)

Should there be any changes on the above information, Policyholder is obliged to inform PT. AIA FINANCIAL - Employee Benefits in writing.

PART B. DECLARATION

1. On behalf of myself and my eligible employees, I have read and hereby agree to be bound by all of the Terms and Conditions set out in the PT. AIA FINANCIAL website (as maybe amended from time to time) relating but not limited to the use of electronic update of employee/dependent data via the said website issued by PT. AIA FINANCIAL (if online employee data submission service is applicable).
2. On behalf of myself and my eligible employees, I understand and agree that the acceptance of application will be subject to PT. AIA FINANCIAL – Employee Benefits' approval.

In the event of any conflict or ambiguity between the Bahasa Indonesia and the English versions of this application, the Bahasa Indonesia version shall prevail.

Authorized Signature and Company Stamp

Date: yyyy/mm/dd

Name : _____
Position : _____
Identity No. : _____
(Please attach the copy)
Identity Type : KTP / SIM / Passport / Others:

For PT. AIA FINANCIAL Internal Use Only	
Policy No. : _____	User ID : _____
Processed By : _____	Checked By : _____
Date : _____	Date : _____