

Application Form Group Healthcare Insurance

1. Client Details			
A. Company Name			
B. Nature of Business			No. of Employees
C. Address	Line 1:		
	Line 2:		
	PO Box:	City:	Country:
	Tel:	Fax:	

2. Eligibility Criteria		
	Category	Dependants
Who is eligible to become a member?	<input type="checkbox"/> Senior Managers	<input type="checkbox"/>
	<input type="checkbox"/> Managers	<input type="checkbox"/>
	<input type="checkbox"/> Junior / Clerical	<input type="checkbox"/>
	<input type="checkbox"/> Lower Salary Band workers	<input type="checkbox"/>
Do all the proposed members hold a UAE visa?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please give details:		
Are any of your employees &/or their eligible dependents working, residing or have a residence permit issued in the Emirates of Abu Dhabi?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company composed or part of subsidiaries? If Yes, please provide us with a list of the subsidiaries along with copies of their trade licenses.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need financial invoices as per subsidiaries?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursement Claim Settlement Method		<input type="checkbox"/> Policyholder
What is your preferred choice of payment for medical reimbursement claims?		<input type="checkbox"/> Members

3. Declaration (Signed for and on behalf of the Policyholder)	
<p>We the undersigned hereby request Oman Insurance Company (hereinafter referred to as the Company) to issue a Group Medical Insurance Policy on the lives of all our employees and their eligible dependents as defined above and in accordance to the terms, exceptions, limitations and exclusions of the policy and as indicated under quotation number _____ issued on _____/_____/_____ with Policy commencement date ____/____/_____. This declaration is completed in respect of proposed employees joining the Group on or after ____/____/_____.</p> <p>We acknowledge that no liability from the part of the Company shall be accepted against medical conditions existant or originating prior to the inception date of this cover or upon the acceptance of any member under same, unless otherwise indicated on the Table of Benefits in the quotation bearing the number mentioned above. Furthermore we understand and accept that failure from our part to notify the Company of any such existing medical conditions will prejudice the acceptance of such claims from the part of the Company.</p> <p>We undertake to supply all information that the Company may reasonably require to determine the extent of its liability towards claims as lodged. We also undertake that in the case of termination of cover, the company shall retain a portion of the premium corresponding to the Short Rate Scale as indicated on the Insurance agreement. We hereby declare that the statements and details provided are true and accurate and warrant that this Proposal Form and other written statements submitted by us for the purposes of this insurance shall form the basis of the insurance contract.</p> <p>We are aware of the provisions of the "Law No. 23 of 2005 regarding Health Insurance in the Emirate of Abu Dhabi and the Regulation" and its executive regulation. We hereby agree to notify the Company when any of our staff/employees/associates working/ residing within the borders of the Emirate of Abu Dhabi or having their visa issued from the Emirate of Abu Dhabi to be enrolled under a HAAD compliant policy. Finally, we hereby declare that the statements and details provided are true and accurate and warrant that this Proposal Form and other written statements submitted by us for the purposes of this insurance shall form the basis of the insurance contract.</p>	
Date	Signature & Seal (Name & title of authorised official)