Proposal Form
DHA Plans - Healthcare Insurance

Please complete this form using BLOCK CAPITALS and by ticking the relevant items.

1.	Details for First Person to be Insured				
A.	Name (person to be insured)	First Name:			
		Last Name:	Ms. ☐	Mrs. ☐	Mr. ☐
B.	Date of Birth (dd/mm/yyyy)		Age		
C.	Salary Scale of Sponsor	Above AED 4,000 ☐	Below AED 4,000 ☐		
D.	Relation with Sponsor	Self ☐`	Spouse ☐	Child ☐	Parent ☐
E.	Does the person to be insured have a Pre-existing Condition?			Yes ☐	No ☐
F.	Is the person to be insured pregnant?			Yes ☐	No ☐

2.	Details for Second Person to be Insured				
A.	Name (person to be insured)	First Name:			
		Last Name:	Ms. ☐	Mrs. ☐	Mr. ☐
B.	Date of Birth (dd/mm/yyyy)		Age		
C.	Salary Scale of Sponsor	Above AED 4,000 ☐	Below AED 4,000 ☐		
D.	Relation with Sponsor	Self ☐`	Spouse ☐	Child ☐	Parent ☐
E.	Does the person to be insured have a Pre-existing Condition?			Yes ☐	No ☐
F.	Is the person to be insured pregnant?			Yes ☐	No ☐

3.	Details for Third Person to be Insured				
A.	Name (person to be insured)	First Name:			
		Last Name:	Ms. ☐	Mrs. ☐	Mr. ☐
B.	Date of Birth (dd/mm/yyyy)		Age		
C.	Salary Scale of Sponsor	Above AED 4,000 ☐	Below AED 4,000 ☐		
D.	Relation with Sponsor	Self ☐`	Spouse ☐	Child ☐	Parent ☐
E.	Does the person to be insured have a Pre-existing Condition?			Yes ☐	No ☐
F.	Is the person to be insured pregnant?			Yes ☐	No ☐