

## Group Medical Insurance Proposal Form

### Instructions

"Al Sagr National Insurance Co." is pleased to provide you with a medical insurance quotation. Please, fill in the form below and return it to us at your convenience. It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact, if any, or the information provided to us proves to be incorrect, could lead to cancelling your plan and declining any claim payment.

<b>Quotation reference No.</b>			
Full Legal name of the company/ Organization			
Nature of Business		Date established	
Address			
Type (private, public, government, etc.)			
Telephone number		Fax Number	
Website		Email address	
Broker /Agent Name		Telephone Number	
<b>Expiring Benefits:</b>			
Abu Dhabi Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Category</b>	<b>A</b>	<b>B</b>	<b>C</b>
Number Of Members at start date of the policy			
Number Of Members at expiring date of the policy			
Annual Limit			
Area of coverage			
Room and Board			
Deductible			
Outpatient Co-insurance			
Medicine Co-insurance			
Network Type			
Pre-existing and chronic limit			
<b>Main Benefits</b>			
	<input type="checkbox"/> Inpatient only*	<input type="checkbox"/> Inpatient only*	<input type="checkbox"/> Inpatient only*
	<input type="checkbox"/> HMO*	<input type="checkbox"/> HMO*	<input type="checkbox"/> HMO*
	<input type="checkbox"/> Inpatient and outpatient	<input type="checkbox"/> Inpatient and outpatient	<input type="checkbox"/> Inpatient and outpatient
*Not applicable to Abu Dhabi plans			
<b>Additional Benefits</b>			
Dental limit			
Maternity Limit*			
*Maternity is compulsory for married females residing in Abu Dhabi			
Optical limit			
Other Benefits			
<b>Please Provide previous Claims experience using excel sheet (including Paid claims per benefit, Outstanding claims per benefit, period of claims report)</b>			

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### Required benefits :

Abu Dhabi Plan

Yes

No

### Category

**A**

**B**

**C**

Number of Members to be insured

Annual limit

Area Of Coverage

Room and Board

Deductible

Outpatient Co-insurance

Medicine Co-insurance

Network Type

Pre-existing and chronic limit

### Main Benefits

Inpatient only\*

Inpatient only\*

Inpatient only\*

HMO\*

HMO\*

HMO\*

Inpatient and outpatient

Inpatient and outpatient

Inpatient and outpatient

\*Not applicable to Abu Dhabi plans

### Additional benefits

Dental limit

Maternity limit\*

\*Maternity is compulsory for married females residing in Abu Dhabi

Optical limit

Other Benefits

Please provide a copy of members details using excel sheet( DOB, Category, Gender, salaries, type (principal or dependent) etc.

State the name of your current insurance company/ TPA?

How long have you had your coverage with your current insurance company?

Is Medical coverage compulsory for all Employees?

Yes

No

Is Medical coverage compulsory for all Dependents?

Yes

No

Please Indicate the medical coverage starting date?

### \*Mode of payment

ANNUAL

SEMI-ANNUAL

QUARTERLY

\*Subject to ASNIC approval

\*Extra charges apply for Different payment options

\*Semi annual and Quarterly payments must be accompanied by post dated checks

We hereby confirm that the information and details given above are to the best of our knowledge and belief, are true and complete and that full information has been disclosed. We understand that failure to disclose or misrepresent any material facts may lead to refusal of the proposal or cancellation of the plan (if the plan has been issued).

We hereby agree that this proposal and any other documents attached to it shall form the basis of the contract between the Insurance Company and us.

Name of the Company

Title of Officer

Date:

Stamp: