

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:	
E. Contact Person	Name:		
	Designation:		
	Tel:	Mobile:	Fax:
	Email:		

2. Eligibility Criteria		
	Category	Dependants
Who is eligible to become a member? (Please cross out if not applicable)	<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	

3. Declaration	
<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 dependants as defined above and in accordance to the terms, exceptions, limitations and exclusions of the policy and as indicated quotation bearing number : _____</p>	
<p>This declaration is completed in respect of proposed employees joining the Group on or after the _____ day of _____ 201____. 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.</p>	
<p>In conclusion, we hereby declare that the statements & details provided are true & 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 Regulations" and its executive regulation. We hereby confirm that none of our staff / employees / associates working/residing within the borders of the Emirate of Abu Dhabi or having their visa issued from Emirate of Abu Dhabi will be enrolled under this policy.</p>	
<p>Signed for and on behalf of the Policyholder</p>	
<p>Date</p>	<p>Signature & Seal (Name & title of authorised official)</p>

*Earns gross monthly salary of AED 4,000 or less