MaxMedical
We listen. We serve. We care.

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DUBAI INSURANCE
CARE & COMMITMENT SINCE 1970

INDIVIDUAL APPLICATION FORM (MAXMEDICAL SHIELD)

IMPORTANT NOTES:

- Kindly fill in the Application Form in BLOCK CAPITALS.
- If you need any help in completing this form, please contact us at +971 4 269 3030 Extns. 203/238 or email: maxmedical@dubins.ae.
- Please scan and send the fully completed form and photographs to: maxmedical@dubins.ae or to MaxMedical - Dubai Insurance Head Office, Al Riqqa Road, Deira, P.O. Box 3027, Dubai.

1. MAIN APPLICANT

Title		First name				Surname			
Date of Birth (dd/mm/yyyy)		Gender	☐ Male ☐ Female	Occupation		Mobile Number		Tel. Number	
Nationality		Passport Number		Visa UID Number		Place of Issue		Emirates ID Number	
Address								Email	
Name of Current Health Insurance Plan						Date of Plan Expiry			
If you are adding a new Dependant(s), please state your existing membership number.									

2. PLEASE SELECT YOUR CHOICE OF GEOGRAPHICAL AREA OF COVER

☐ Worldwide except USA and Switzerland (Excluding Elective Treatment in Singapore, Hong Kong, China, Japan and Canada)
☐ Worldwide except USA and Switzerland (Elective Treatment in whole Geographical Area of Cover)

3. DEPENDANT(S) TO BE INSURED

Details	Dependant (1)	Dependant (2)	Dependant (3)	Dependant (4)
First Name				
Surname				
Date of Birth (dd/mm/yyyy)				
Gender				
Dependency / Relationship to You				
Nationality				
Occupation				
Passport Number				
Visa UID Number				
Emirates ID Number				

Specify the preferred start date of your insurance cover: .....
(Please note that your application is only valid for 30 days from the date we receive the complete requirements. Cover cannot be backdated.)

4. LEGAL DECLARATION

I hereby:

1) declare that all the information given above is, to the best of my knowledge, true, complete and correct. I understand and accept that non-disclosure or misrepresentation of facts may lead to the refusal of claims or the cancellation of the MaxMedical Shield Contract.
2) authorise Dubai Insurance Company or their authorised representatives to obtain any medical information they require in connection with my membership application from any medical practitioner/authorised provider.
3) confirm that I have read and understood the terms, conditions, limitations and exclusions of the MaxMedical Shield Contract and agree that this proposal and declaration or any written statement made by me with reference to this proposal, shall be the basis of the contract between Dubai Insurance Company and me.

Version: 04.12.2017

Signature

Place & Date