

GROUP APPLICATION FORM

❗ 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

Company Name		Contact Person	
Address		Mobile Number	Office Number
		Email	
Trade License Number		Establishment Identity Number	

2. PLEASE SELECT YOUR CHOICE OF GEOGRAPHICAL AREA OF COVER

Zone 1: Worldwide except Switzerland, Singapore, China, Hong Kong, USA & Canada
 Zone 2: Worldwide except USA
 Zone 3: Worldwide

3. EMPLOYEES AND DEPENDANT(S) TO BE INSURED

No.	First Name	Surname	Date of Birth (dd/mm/yyyy)	Gender (M/F)	Relationship to Policyholder*	Marital Status	Nationality	Passport Number	Visa UID Number	Emirates ID Number
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

*Please indicate if Employee, Spouse, Daughter or Son. For more than 10 employees, please use another sheet of Group Application Form.

4. LEGAL DECLARATION

I hereby:

- 1) declare that all the information provided above or in the appended attachments is, to the best of my knowledge, true, complete and correct. I understand and accept that non-disclosure or misinterpretation of facts may lead to the refusal of claims or the cancellation of the Policy.
- 2) authorise Dubai Insurance Company or their authorised representatives to obtain any medical information they require in connection with the membership application of any employees or eligible dependants to be covered under the Policy from any medical practitioner/authorised provider.
- 3) confirm that I have read and understood the terms, conditions, limitations and exclusions of the Policy 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 the company/firm I represent.
- 4) agree to inform Dubai Insurance Company for any visa change that may happen within the policy year in order for me and my dependants to be transferred/enrolled in another policy that is compliant with the applicable Insurance Authority (ie., DHA compliant policy for Dubai visa holders or HAAD compliant policy for Abu Dhabi/AI Ain visa holders).
- 5) agree that no indemnity will be paid under the proposed insurance Policy for medical expenses arising from disorders which were declared prior to completion of the application and which were not disclosed to the Company at the date of the application.

Signature

Place & Date