

# INDIVIDUAL 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

Title		First name			Surname			
Date of Birth (dd/mm/yyyy)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation		Mobile Number		Tel. Number
Nationality		Passport Number		Visa UID Number		Place of Issue		Emirates ID Number
Address								Email
Do you have a current health insurance cover? If yes, please give details of your 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

<input type="checkbox"/> Zone 1: Worldwide except Switzerland, Singapore, China, Hong Kong, USA & Canada	<input type="checkbox"/> Zone 2: Worldwide except USA	<input type="checkbox"/> Zone 3: Worldwide
--	---	--

## 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 Policy.
- 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 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 me.
- 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/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