

(التاريخ) :Date

## **MEDGULF**

## **ENROLLMENT REQUEST – DELETION FORM** نموذج طلب حذف

Name of Policyholder: (اسم حامل الوثيقة) (اسم حامل الوثيقة) :#Policy No.#: (قم الوثيقة)		يـخ) :Date	(التار
		Ref.No.:	(رقم الإشارة)
Div / Branch: (القسم/الفرع)	(المجموعة الفرعية) :Sub Group	Sub Group: (المجموعة الفرعية)	
Insurance Card No. رقم بطاقة التأمين	Official ID رقم الهوية	Cancellation الحذف*	
*Cancellation Reason  Medical ID cards need to be returned for all deleted members along with the following official documents:  (1) Leave Certificate for final exit or exit with no return (2) Death Certificate in case of the insured death  (3) Sponsorship transfer letter (For non-Saudi) or resignation letter (For Saudi) (4) Proof for absence of eligibility		on <i>behalf of Policyholder</i> Name:	<b>عن حامل الوثيقة</b> الاسم: المسمى الوظيفي: التاريخ:
(5) Alternative insurance acceptable to CCHI (6) Overdue or bad debts		Stamp & Signature:	الختم والتوقيع: الختم والتوقيع:

If failed to return the medical card, then a guarantee letter stating that the company is liable for any cost due to future

use of the card is needed.