



HEALTH INSURANCE QUOTATION APPLICATION

Application once accepted, becomes part of the policy.
Application to be completed in BLOCK LETTERS.

Application Date

A

Applicant's Information

1 Applicant's Name				8 Commercial Registration No.				
2 Address - City	Area				9 Sponsor No.			
3 Street Name	Bldg. Name		Floor		10 Nature of Business			
4 Telephone	Fax		P.O.Box		11 Previously Insured with MedGulf?			
5 Applicant's Website				<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year		
6 Person in charge to contact (full name)	Position				12 Previous Insurance Scheme/s, for the last 3 years			
7 Telephone	E-mail Address				13 If Yes, with which Company?			
					Current :			
					Second :			
					First :			

B

Pre-Agreed Conditions

1 Effective Date of Cover / /

2 Mode of Payment Vs Policy Gross Premium:

Mode of Payment : **In Advance** Total Premium < 300K: One Payment (at inception of the policy & before delivery of Medical ID Cards)

Total Premium 300K - 500K: Two Payments (60% at inception of the policy & before delivery of Medical ID Cards. 40% after 2 months from inception)

Total Premium 500K - 1M: Two Payments (50% at inception of the policy & before delivery of Medical ID Cards. 50% after 2 months from inception)

Total Premium 1M - 3M: Three Payments (50% at inception of the policy & before delivery of Medical ID Cards. 30% after 2 months. 20% after four months from inception)

Total Premium >= 3M: Four Payment (35% at inception of the policy & before delivery of Medical ID Cards. 25% after 2 months. 20% after 4 months. 20% after 5 months from inception)

3 **Standard Covered Benefits:**
The provided Scheme/Benefits are as per the Council of Cooperative Health Insurance Standard Policy Terms and Conditions.

4 For any additional requirements/changes, please fill in the blank:

C

Census Data

Class	Network Type	Relation	Age Band																Saudis %	Total			
			0-1	02-06	07-18	19-21	22-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80			80+		
VIP	VIP <input type="checkbox"/> A <input type="checkbox"/>	Employees																					
		Spouses																					
		Children																					
A	VIP <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>	Employees																					
		Spouses																					
		Children																					
B	A <input type="checkbox"/> B <input type="checkbox"/>	Employees																					
		Spouses																					
		Children																					
C	C <input type="checkbox"/> CA <input type="checkbox"/>	Employees																					
		Spouses																					
		Children																					

2 For pricing purpose please submit an updated list of names, to include all Employees and their legal dependents as per the structure shown below. A detailed list will be later required upon acceptance of quotation. (Excel Format soft copy)

First & Family Name	Date Of Birth (DD/MM/YYYY)	Gender (Male, Female)	Relation (Employee, Spouse, Child)	Nationality	ID./Iqama Nbr.	Category or Class (VIP, A, B, C)
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D

Declaration

The Applicant warrants that, to the best of his knowledge, that the statements on application are true and complete, and will be the basis of the insurance quotation being requested, and that non-disclosure or misrepresentation of any material fact may invalidate the quoted terms.

1

Business Source

Agent Name :		
Telephone	Fax	Mobile
Agent Signature		Reserved for MedGulf

2

Applicant Signature & Stamp

Name	
Position	

FAX **(+966) 11 405 55 88**

E-mail

pry@medgulf.com

E Are you Interested in other Insurance Scheme/s? Family Protection: P.A: Motor: Fire: Other: