

# MEDIGLOBAL HEALTH INSURANCE

## Employer Application for Group Insurance

Developed by



RAK INSURANCE

This plan is underwritten by RAK Insurance Company. It is distributed, managed and administered, as agent for and on behalf of the Company, by International Medical Group® ("IMG®").

Policy Number:

**Please complete this form in block capitals using black ink. For all sections, please ensure you answer every question and sign and date this form. An incomplete form will delay the processing of your application. Please send the completed application to UAE.contact@imglobal.com.**

Requested effective date:

### PROSPECTIVE POLICYHOLDER

Name:

Address:

City:

Country:

P.O Box:

Country:

Account Contact:

Telephone:

Fax:

Email:

Requested Effective Date:

Requested Pay Frequency:

Annual  Quarterly  Semi-Annual  Monthly

Eligible Employees:

Total Number of Eligible Employees \_\_\_\_\_

Total Number of Employees Applying for Coverage: \_\_\_\_\_

Anyone included earning less than AED 4,000 per month:  Yes

No

Previous Claims Statement Attached:

Yes

No

### PLAN OPTION AND DEDUCTIBLE

PLAN OPTION:  MediEssential  MediSelect  MediElite

DEDUCTIBLE:  Nil  AED 50

### BENEFITS

On behalf of the Employer applicant named above as the prospective Policy holder, Employer hereby applies to the Company through International Medical Group, for the following coverages and benefits:

#### DENTAL & VISION

Yes

Dental maximum sum insured

• AED 2,500

Vision maximum benefit (payable every 24 months)

• AED 375 Examinations

• AED 500 Materials

#### WORLDWIDE PERSONAL ACCIDENT COVER

Maximum benefit payable for 1 unit AED 250,000

Number of units required: (Please tick)  1  2

**MATERNITY** Increased maximum limit per pregnancy including overseas (for non-residents of Abu Dhabi only)  
AED 30,000  Yes

### 1.6 GEOGRAPHICAL AREA OF COVER

AREA 1

Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, Yemen

AREA 2

Worldwide excluding USA, Canada, China, Hong Kong, Macau, Japan, Singapore, Taiwan

AREA 3

Worldwide

NETWORK REQUIRED:  Comprehensive  General Plus  General

Employer understands that, as an employer employing persons in foreign jurisdictions, Employer may be subject to foreign laws with respect to the provision of medical benefits and/or the insurance of those benefits. Employer understands and agrees that neither the Company nor IMG have investigated whether or how the purchase of this insurance complies with the laws of any foreign jurisdiction. Employer further understands and agrees that Employer is solely responsible for compliance with all applicable foreign laws.

'I hereby declare for and on behalf of the Employer, to the best of my knowledge that the information provided and Claims as attached is complete, true and accurate and that nothing has been intentionally and/or negligently omitted. I understand and agree that this declaration will constitute part of the Employer's application and any misrepresentation, failure to provide sought for information or failure to disclose any material facts may result in the contract being void. (If you are in any doubt whether certain facts are material, these should be disclosed).'

Applicant Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

IF APPLICABLE:

Agent Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_