



Global Health Plans

Application Form for Businesses

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, or post. You can find our contact details at the end of this form.

Broker/intermediary details

If you were introduced to us through an intermediary or broker, please state their name and company.

Company details

Company name:

Nature of company's business:

TRN/VAT number:

Address:

..... Web address:

Contact(s) at company

Contact 1: Position in company:

Telephone number: Email:

Contact 2: Position in company:

Telephone number: Email:

Start date required

When would you like your plan to start? On acceptance of your application Specific date:

Please note that your application is only valid for 28 days from the date we receive it. Cover cannot be backdated.

Your eligibility criteria for employee cover

Health insurance cover must be provided and paid for by the company on a compulsory basis. The company must apply for cover for all employees, or all employees of a certain categories (e.g. directors, managers, expatriate employees). If cover for the dependants of employees is required, then the company must apply for cover for all eligible dependants of all eligible employees. If cover is required only for a certain category of employees, or if different levels of cover are required for different categories of employees, please define those categories below.

Total number of employees in your company: Total number of employees to be covered in this plan:

Category	Eligibility criteria	Level of cover	Cover required for all eligible dependants?

Please select the cover you require

Please choose a) an Elite plan or b) a Foundation plan for your employees, then select the optional benefits they require.

If you have one, please state the quote illustration reference for the quote you wish to accept:



Please select the cover you require (continued)

a) Elite plans

- Plan: Excess required:
- Gold** Nil \$15 or AED55 per visit \$30 or AED110 per visit \$50 or AED185 per visit
- Silver** Nil \$15 or AED55 per visit \$30 or AED110 per visit \$50 or AED185 per visit

Medical networks available

- General Network Plus General Network (excluding Mediclinic City hospital)
- General Network General Network (excluding all hospitals/clinics in the Mediclinic Group)

Options available with the Elite plans

- Medevac Plus
- Dental Basic – only available with the Silver plan
- Dental Plus – only available with the Gold plan, and with the Silver plan if Dental Basic is also selected
- Optical cover – please select your level of cover from the table below
- Routine maternity – only available with the Silver plan (please select your level of cover from the table below)
- 10% co-pay on out-patient claims for non-optional benefits – only available if you have selected a nil excess
- 20% co-pay on out-patient claims for non-optional benefits – only available if you have selected a nil excess

Please note that you only have to complete the two tables below if you have selected the optical cover option or the routine maternity option. The routine maternity option is only available with the Silver plan.

If you have selected the optical cover option above:-

The optical cover option has two levels of cover. Please select the level you require.

Option A
Cover up to US\$200 or AED734 per period of cover

Option B
Cover up to US\$500 or AED1,835 per period of cover

If you have selected the routine maternity option above:-

The routine maternity option has three levels of cover. Please select the level you require.

Option A
Cover up to US\$5,000 or AED18,350 per pregnancy

Option B
Cover up to US\$7,000 or AED25,690 per pregnancy

Option C
Cover up to US\$10,000 or AED36,700 per pregnancy

Elite plan area of cover

The standard area of cover for the Elite plans is worldwide excluding the USA. If your employees require cover in the USA, please select **one** of the options below. Otherwise, we will assume that your employees require the standard area of cover.

USA cover options

- Add cover in the USA, limited to US\$100,000 during temporary trips of not more than 45 days (this limit is increased to \$250,000 for unforeseen emergency treatment for conditions you have never suffered from before).



Please select the cover you require (continued)

Medical networks available

- General Network excluding Mediclinic City hospital** **General Network excluding all hospitals/clinics in the Mediclinic Group**
- Restricted Network** (Basic network of medical facilities) **Restricted Network 2** (excludes some of the facilities offered under the Restricted Network)

Options available with the Foundation plans

- 10% co-pay on out-patient claims for non-optional benefits**
- 20% co-pay on out-patient claims for non-optional benefits**

Foundation plan area of cover

The Foundation plan provides cover in the UAE and the Indian Subcontinent (India, Pakistan, Sri Lanka, Bangladesh, Nepal & Bhutan). Insured persons are not covered for treatment received in their country of nationality if that country is not stated above.

The Foundation Plus plan provides worldwide cover, excluding the USA, Canada, Caribbean Island & Countries, and the London area. Cover is restricted in the following countries and regions: all countries within the European Union, Andorra, Channel Islands, Gibraltar, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Australia, China, Hong Kong, Japan, Macau, New Zealand, Singapore, and Taiwan. By restricted we mean that the cover we provide is restricted to emergency treatment you receive whilst on a temporary trip of up to 45 days to one of the restricted countries or regions stated above. The maximum benefit we will pay in respect of all emergency treatment you receive in restricted countries or regions during an annual period of cover is US\$50,000.

Add-ons available with your health plan

- Travel plan** Employee Spouse Children
- Personal accident plan** Employee Spouse

Please select the level of personal accident benefit your employees require:

- \$75,000 or AED275,250 \$150,000 or AED550,500 \$225,000 or AED825,750
- \$300,000 or AED1,101,000 \$375,000 or AED1,376,250

Underwriting options

Underwriting is the process by which we decide how and on what terms we will accept your employees for cover, and the cover (if any) we will provide for pre-existing medical conditions. The following options are available:

- Fully underwritten Medical history disregarded (10+ employees only)

Health declaration

If you are applying for cover for less than 20 employees, please answer the questions in **section a) only**.

If you are applying for cover for 20-49 employees, please answer the questions in **section b) only**.

If you are applying for cover for 50+ employees, you do **not** need to answer any of the below questions.

a) 3-19 employees

① In the past three years, have any of your employees or their dependants:

- a) Been admitted to hospital? Yes No

If YES, please give details:



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b) Experienced any serious health problems?* Yes No

If YES, please give details:

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*By serious, we mean conditions such as cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, multiple sclerosis, or liver or kidney problems. If you are in any doubt as to what constitutes a serious medical condition, please declare it.

② Are any of your employees or their dependants:

a) Currently undergoing a course of medical treatment? Yes No

If YES, please give details:

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b) Currently pregnant? Yes No

If YES, have there been any complications to date:

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③ Please state the last menstrual period date for applicable individuals named on this form:

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④ Are any of your employees currently trying to get pregnant?

⑤ Are any of your employees currently undergoing any form of fertility treatment?

⑥ Are all employees actively at work at the time of application? Yes No

If NO, please make a full declaration (e.g. name, date last worked, reason for absence):

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Health declaration (continued)

b) 20-49 employees

① Are any of your employees or their dependants receiving, or about to receive, treatment for any serious health problems?* Yes No

If YES, please give details:

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 *By serious, we mean conditions such as cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, multiple sclerosis, or liver or kidney problems. If you are in any doubt as to what constitutes a serious medical condition, please declare it.

② Are all employees actively at work at the time of application? Yes No

If NO, please make a full declaration (e.g. name, date last worked, reason for absence):

.....

Paying for your plan

Please select the currency in which you would like to pay your premiums. Your plan benefits and excess will be denominated in this currency.

US Dollars UAE Dirhams

Please select your payment frequency:

Annually Half-yearly¹ Quarterly²

¹ Half-yearly premiums are subject to a 3% surcharge.

² Quarterly or monthly premiums are subject to a 5% surcharge. Monthly payments are only possible if you are paying in US Dollars.

* Cheques are payable to Dubai Insurance Company psc., and must be drawn on a UAE bank account.

How we use your employees' information

Please read this section carefully.

- We will use the information that your employees give us on their separate application forms (if applicable) for the purposes of administering their plan, processing their claims, identifying and preventing fraud, complying with our legal and regulatory obligations, and carrying out research and statistical analysis to help us improve our services. We will not retain your employees' information for longer than is necessary.
- We may share your employees' information with other organisations in relation to the above purposes, e.g. the insurer of their plan, payment service providers, and our emergency medical assistance service providers.
- Telephone calls to and from Dubai Insurance Company psc. may be recorded for training and monitoring purposes.
- We will process the personal information of your employees on their forms, including sensitive information such as details about their health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if your employees have any questions about how we use their information, or if they would like to request a copy of the information we hold about them. For full details of our privacy policy, please visit globalplans.ae/privacy or consult the plan agreement.

Declaration for your business plan

Please read this section carefully and sign below.

- We understand that this application is subject to written acceptance by Dubai Insurance Company psc. We declare that to the best of our knowledge and belief the above information supplied in respect of our employees and their dependants is true and complete.
- We understand that we must inform Dubai Insurance Company psc., in writing, of any changes in the facts provided in this application, including any change in health of any employees and dependants occurring before the start date of the plan.
- We confirm that membership of the corporate Global Health plan is compulsory, with all eligible employees and their



eligible dependants being insured in accordance with the eligibility criteria we have provided in this application form.

- We understand that our company data will be held and processed for the purposes of processing any claims submitted under the plan and providing other related services. This may include sharing our company data with the re-insurers of the plan, doctors and other medical professionals involved in the treatment or care of the employees insured under the Global Health plan, medical network providers, third party administrators, emergency assistance providers, and other agents.
- We also understand that our company data may be disclosed to any regulatory body that may require Dubai Insurance Company psc. to disclose it and that, in the event of fraud or suspected fraud, our company data may be disclosed to other parties including, but not limited to, the appropriate law enforcement agencies.
- We authorise Dubai Insurance Company psc. to send all insurance documents as PDF files to covered employees. If we have applied through a broker or intermediary, we understand that these documents may be sent via email to that broker or intermediary.

Some important notes

Please make sure that this form and all supplementary documents are legible. Your completed application form is valid for 28 days from the date you signed the form. If cover has not commenced within 28 days, you may have to complete a new form. If the health of any employee or dependant to be covered changes after you submit this form but before the plan starts, you must let us know immediately.

Name of authorised company representative:

Position in company:

Signature of authorised company representative: Date: