Forward together

شركة عمان للتأمين
Oman Insurance Company

Proposal Form
Group Healthcare Insurance

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Client Details

A. Company Name			
B. Nature of Business		No. of Employees	
C. Address	Building:		
	Street:		
	P. O. Box:	City:	Country:
	Telephone:		
D. Contact for Policy Administration	Name:	Designation	
	Email:	Telephone	

2. Eligibility Criteria

	Senior Managers	Managers	Junior/Clerical	Low Salary Band Workers
A. Employee	☐	☐	☐	☐
B. Dependents	☐	☐	☐	☐

3. Claim Reimbursement

What is your preferred choice of payment for medical reimbursement claims? Policyholder ☐ Members ☐

4. Existing or Previous medical insurance details

Were you insured with Oman insurance company in the last 24 months? Yes ☐ No ☐

If yes, kindly provide policy numbers

5. Subsidiaries/Subgroups Details

Number of Subsidiaries / Subgroups (in case of no subsidiaries, please fill 0)
Kindly fill the subgroup declaration form and provide trade license of all entities

Do you need financial invoices as per subsidiaries?
(applicable for group tailor-made policies) Yes ☐ No ☐

We the undersigned hereby request Oman Insurance Company to add below listed entities, which are our branches / subsidiaries / sister companies / any other business relationship to be filled by Master policyholder (if applicable), as subgroups under the group healthcare insurance policy issued to us. We hereby confirm that we are fully authorized by the below listed entities to negotiate terms of the group insurance policy and enter into a contract as master policyholder on their behalf.

S.No	Subgroup Name	Address*	VAT TRN Number*

** Address and TRN are mandatory for policies where invoices are to be issued per subsidiary. Please attach separate sheet in case of more subsidiaries.

6. Declaration

We the undersigned hereby request Oman Insurance Company (hereinafter referred to as the 'Company') to issue a Group Medical Insurance Policy on the lives of all our employees and their eligible dependents and / or on the lives of of eligible insured persons where eligibility is defined in the quotation as detailed above and in accordance to the terms, exceptions, limitations and exclusions of the applied medical product/policy and as indicated under quotation number _____ issued on _____ with Policy commencement date _____ This declaration is completed in respect of proposed employees joining the Group on or after _____ .

We acknowledge that no liability from the part of the Company shall be accepted against medical conditions existant or originating prior to the inception date of this cover or upon the acceptance of any member under same, unless otherwise indicated on the Table of Benefits in the quotation bearing the number mentioned above. Furthermore we understand and accept that failure on our part to notify the Company of any such existing medical conditions will be considered misrepresenation and will prejudice the acceptance of such claims by the Company.

We undertake to have already provided all information that the Company may reasonably require to underwrite the Policy. We also undertake that in the case of termination of cover, the Company shall retain a portion of the premium corresponding to the Short Rate Scale as indicated on the insurance policy. We hereby declare that the statements and details provided are true and accurate and warrant that this Proposal Form and other written statements submitted by us for the purposes of this insurance shall form the basis of the insurance contract and that non-disclosure or misrepresentation of any fact may lead to the refusal of any claim or the cancellation of any issued policy.We, on our and each employees/dependent's/ Insured person's behalf, also authorize the Company (i) to contact us/employees/dependents/Insured person anytime and through any medium (phone, email, sms, mail etc.) for purpose of this proposal form/insurance policy (if issued) and/or for keeping me informed about other products and/or promotion activities (ii) to collect/ process/ store/ transfer/ disclose personal information whether within or outside the UAE as may be required in relation to underwriting/ issuing/administering/ processing/ reinsuring insurance policy/claims or as may be required by the Company.

6. Declaration (continued)

We hereby agree to enroll a Dubai visa holder in a DHA compliant and Abu Dhabi /Al Ain visa holder in Department of Health, Abu Dhabi compliant health insurance policy only. We agree to notify the company as and when any of our insured members change their residence visa from Dubai to Abu Dhabi / Al Ain or Vice versa to be enrolled under a compliant policy. Finally, we hereby declare that the statements and details provided are true and accurate and warrant that this Proposal Form and other written statements submitted by us for the purposes of this insurance shall form the basis of the insurance contract.

Date (dd/mm/yy)

Signature & Seal (Name & title of authorised official)

Place of Signing