



GROUP MEDICAL INSURANCE PROPOSAL FORM

1. Proposer's Name & Address:

2. Nature of Employer's business:

3. Annual Limits/Sub-limits/Exclusions:

a. CCHI Scheme

b. Enhanced Annual Limit/sub-limits if required:

VIP	
A	
B	
C	

4. Age breakdown of eligible persons to be covered

Class VIP

Age Group	0-17 yrs	18-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	>65 yrs
Employee							
Spouse							
Child							
Total							

Class A

Age Group	0-17 yrs	18-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	>65 yrs
Employee							
Spouse							
Child							
Total							

Class B

Age Group	0-17 yrs	18-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	>65 yrs
Employee							
Spouse							
Child							
Total							

Class C

Age Group	0-17 yrs	18-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	>65 yrs
Employee							
Spouse							
Child							
Total							

Grand Total

Age Group	0-17 yrs	18-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	>65 yrs
Employee							
Spouse							
Child							
Total							

5. Breakdown of nationalities

Nationalities	Number of Persons
Saudis	
Western	
Egyptian	
Other Arab Countries	
India	
Pakistan	
Bangladesh	
Philipino	
Other Countries	

6. Placewise breakup of members to be covered

Main Area of Operation	Number of Members
Riyadh	
Jeddah	
Khobar/Dammam	
Madina M.	
Makkah M.	
Buraydah/Qassim	
Abha/Khamis Mushait	
Other Countries	

7. If the size of group to be insured is less than 25 members then, a Health declaration form (HDF) is needed to assess the risk and release binding terms.

8. Period of cover required: _____

9. Past Claims Experience: _____

Year	No. of Persons Insured	Out-patient Expenses	In-patient Expenses	Maternity Expenses	Dental Expenses	Optical Expenses	Total Expenses

CCHI Reference No.	Globe Med Contract No.	Previous Policy No.	Date of Expiry of Policy

Declaration:

I/We declare that the statements and particulars contained in the proposal are true and I/We have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance affected thereon.

I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the contract of insurance. (Any extension thereto), upon which this proposal form was used as the basis of the contract of insurance

Signing this proposal does not bind the proposer to complete this insurance.

Signature of authorized Person: _____

Name: _____

Designation: _____ **Stamp:** _____ **Date:** _____

Postal Address:

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