

BALSAM Group Plans Application Form

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Applicant's Details

Company Name: _____ Commercial Business: _____
 C.R. No.: _____ Please state any other CRs No. that your company may have: _____
 Sponsor ID: _____ Please state any other Sponsors No. that your company may have: _____
 Tel. No.: _____ Fax No.: _____

Wasel Zone: _____ City: _____ District: _____ Street: _____
 Building No.: _____ Unit No.: _____ Zip Code: _____ Additional No.: _____

Postal Address
 City: _____ P.O Box: _____ Zip Code: _____

Contact Person:

Name: _____ Position: _____ Tel. No.: _____
 Mobile: _____ E-mail: _____ Twitter: _____

The person authorised to sign the contract: _____

Group Details

In the below table please state the Benefit Class and employment category for the Class and state one among the Balsam Plans intended/required for each Class.

Class	Tick ✓	Employment Category	Balsam Programs		
			Balsam Direct	Balsam	Balsam Gold
Class 1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class 2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class 3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Additional optional deductibles are available.
 Please select Provider Network Type for each Benefit Class.

Class	Class 1	Class 2	Class 3
Provider Network #			

NB: There are nine (9) networks of medical providers as options for the different Balsam plans.
 Please refer to the Balsam table of benefits and list of provider networks.

a. Claim History: Claims Experience with other insurance company
 if yes please provide medical expenses report for the last two years, If No, please specify reasons,

Yes.
 No. Reason: New Bussines
 Claims Experience not provided by previous insurer.

Do you have previous medical insurance with Tawuniya? Yes No If yes, please state policy number: _____

Did you add all your employees and their dependents to this application? Yes No

Quotation Request Form

To receive a fast and resonable quotation you may select a Source, Person, Company that you may desire to represent you:

Do you currently hold a valid quotation or policy from Tawuniya? Yes No

If yes, please state the name and contact: _____

Have you already appointed someone (officially) to provide you with insurance from Tawuniya? Yes No

If Yes, please state the name and contact: _____

Declaration

I, the undersigned, do hereby agree and declare personally and on behalf of all persons proposed for insurance (beneficiaries) as follows:

1. In my capacity as sponsor or sponsor's legal attorney of the persons mentioned in this insurance proposal, I have hereby authorized and empowered the Tawuniya to issue a medical insurance policy in their names upon our agreements on Tawuniya's offer.
2. That to the best of my knowledge and belief, the information provided in this application, whether in my hand writing or not, is complete and true, and that I have not mis-stated or suppressed any material facts. (A material fact is one which is likely to influence Tawuniya's acceptance or assessment of this proposal. If you doubt whether facts are material, they should be disclosed).
3. Agree that Tawuniya shall have no obligation under the policy that may be issued by it, to reimburse any medical expenses incurred which is not covered or which exceeds the policy limits. And I shall be personally responsible to reimburse Tawuniya for any such incurred medical expenses.
4. Authorize any representative of Tawuniya to examine and investigate the medical records of any person proposed for insurance (beneficiary) from any physician, hospital or medical center.
5. I understand that the insurance coverage will take effect only after the contribution is paid to and received by Tawuniya, or as specified in the policy.
6. I hereby declare and agree to Tawuniya to obtain the data relating to our employees and any other information linked to Ministry of Interior number (sponsor No.) at the national Information Center and General Organization of Social Insurance.
7. The insurance policy will be issued based on the terms and conditions stated herein while assuming that the undersigned has perused the limits of cover, terms, conditions and exclusions provided under this proposal. The undersigned has the full right to refrain from signing unless he becomes aware of those limits, terms & conditions.

Name: _____ Title: _____

Date: _____ / _____ / _____ Signature of Proposer (Policyholder): _____

Seal of the Est./Company:

* The insurance products provided by Tawuniya Insurance Company are subject to Value Added Tax (VAT), except life insurance (Takaful). A 5% of the premiums and administrative fees are added to all policies issued starting from 1 January 2018.

For Tawuniya Use Only

Authorized Source Name:

Code:

Signature & Stamp:
