

Tawuniya

The Company for Cooperative Insurance (Tawuniya) was established by the Royal Decree No. M/5 of 17/4/1405H and has been duly registered on 18/1/1986 as per C. R. No. 1010061695 as a Saudi Joint Stock Company. The paid up capital of the company is SR. 1,250 million.

With such a capital and a gross written premium of SR.8.4 billion in 2017, Tawuniya is now the leading insurance company in the Kingdom of Saudi Arabia.

As its name implies, Tawuniya transacts insurance business in accordance with the “Cooperative Insurance Concept” which is approved by the Saudi Council of Senior Ulema. Based on this principle and the Law on the Supervision of Coerative Insurance Companies, a part of the surplus resulting from insurance operations is returned back to the policyholders along with the indemnities paid to customers exposed to damages due to risks covered.

Necessity for Medical Insurance

Health is real wealth, if availed of properly the result will be a very happy life. Like the «Crown», which according to the Arabic proverb, sits on the head of healthy people only seen by patients. Hence, it is essential to plan perfectly to obtain you and your family members high quality healthcare. To avoid exorbitant medical treatment expenses, Tawuniya has prepared “My Family” insurance plans to provide you and your family with comprehensive healthcare at the largest medical providers network in the Kingdom. You can obtain such benefits against the payment of annual premium at your disposal.

Being the client of Tawuniya, you and your family will receive a high standard of healthcare services.

“My Family” Medical Insurance Plans

Tawuniya has designed four medical insurance plans. They are : My Family-Silver, My Family-Gold, My Family-Platinum and My Family-Diamond. The medical coverage provided under these plans is diversified and they provide both outpatient and in-patient healthcare services at insurance coverage limits ranging between SR 30,000 and SR 250,000 per person per policy year. This diversity in the limits of coverage allows the opportunity for the Saudi citizens to get any of the plans that are commensurate with the their financial abilities. Now, the quality healthcare service is within the reach of all segments of the Saudi society. You can take advantage of the benefits of such healthcare services for you and all your family members. In addition, this will help you to avoid the exorbitant medical expenses.

Unique Features

- Provide you with comprehensive healthcare services at the largest medical providers network in the Kingdom comprising of more than 1500 medical providers.
- For the first time, you can pay the premium in monthly installments by using your credit card of the approved banks without any additional fees.
- Covering the chronic diseases such as hypertension and diabetes since the first month of the inception date.
- Covering the pregnancy and delivery expenses without any waiting period.
- Providing immediate answers for medical approvals.
- Avoid exorbitant medical treatment expenses.
- Provide you with second medical opinion on critical cases to ensure exact diagnosis.
- Provide 24 hours a day assistance through our tel. No. 9200 19990.

Conditions

1. All family members to be covered by this plan.
2. Policy coverage commences after 30 days from the date of full annual premium payment.
3. No any additions allowed during the policy period except new born babies, and new wives.
4. Covering male children up to age 25 years only.
5. Covering female children up to age 70 years (unmarried, divorced, widows).
6. Covering adult age up to 70 years only.
7. A 20% deductible of each in and out patient claim is applied.

To Obtain “My Family” Insurance Plans

Simply, complete the application form, pay the premium amount, by SADAD or by your credit card and submit them to Tawuniya. The company will issue the insurance policy and will provide you, together with any beneficiary of this insurance, with a relevant plan medical card through which you will obtain the healthcare agreed upon at the approved medical providers without paying the medical expenses except for non-covered expenses as per the policy’s terms and conditions. The medical provider will refer medical treatment invoices to Tawuniya for direct payment.

In emergency cases only, you may get the healthcare service from any of non-approved medical providers and pay the treatment expenses. You will have a reimbursement of such eligible medical expenses incurred from Tawuniya as per the reasonable and customary prices in the Kingdom of Saudi Arabia after submitting the required reports and documents.

Table of Benefits

Benefit	My Family Silver	My Family Gold	My Family Platinum	My Family Diamond
Type of Cover	in and out-patient	in and out-patient	in and out-patient	in and out-patient
Geographical limits • in KSA • out KSA	Covered Not covered	Covered Not covered	Covered Not covered	Covered Covered ^{1**}
Maximum policy benefit limit PPPY*	SR. 30,000	SR. 50,000	SR. 100,000	SR. 250,000
Room and board limit at PPN*	Shared room	Shared room	Private room	Private room
Room and board limit at non PPN (emergency only)	SR. 350	SR. 350	SR. 600	SR. 600
Out-patient doctors fees at PPN	SR. 75	SR. 100	SR. 150	SR. 200
Maximum pre-existing benefit sub-limit PPPY (no waiting period)	SR. 30,000	SR. 50,000	SR. 100,000	SR. 250,000
Local ambulance services	Covered	Covered	Covered	Covered
Circumcision for newborn male babies	Covered	Covered	Covered	Covered
Ear piercing for newborn female babies	Covered	Covered	Covered	Covered
Vaccinations for children as per MOH specification	Covered	Covered	Covered	Covered
Physiotherapy treatment	Covered up to 12 sessions	Covered up to 12 sessions	Covered up to 12 sessions	Covered up to 12 sessions
Hearing aids/other aids/Equipments	SR. 1,000	SR. 1,000	SR. 1,000	SR. 1,000
Maximum dental benefit limit PPPY (basic cover only)	SR. 1,000	SR. 1,500	SR. 2,000	SR. 3,000
Maximum optical benefit limit PPPY (lenses once per person per year)	SR. 200	SR. 300	SR. 500	SR. 1,000
Maximum maternity benefit limit per spouse per year (PSPY) for the expenses of the birth include: normal delivery, ceaserean section/complications and legal abortion/miscarriage	SR. 5,000	SR. 7,000	SR. 10,000	SR. 15,000
Pre and post natal care and expenses of pregnancy	Covered	Covered	Covered	Covered
Deductible(s) Each and every out-patient claim Each and every in-patient claim	20% 20%	20% 20%	20% 20%	20% 20%
Preferred provider network (options)	Gold	Gold	Gold	Gold

*PPPY: Per Person Per Year

*PPN: Preferred Provider Network

**Geographical Limits: for My Family Diamond In KSA, & out of KSA for emergency treatments whilst on vacations/business trips up to maximum 60 days PPPY & subject to 20% coinsurance.

Applicant's Personal Details

Full Name: _____ Saudi ID No.: _____
 Date of Birth: _____ Employer: _____
 Sex: Female Male
 Marital Status: _____ Occupation: _____

Contact Details

Wasel Zone: _____ City: _____
 District: _____ Street: _____
 Building No.: _____ Unit No.: _____
 Zip Code: _____ Additional No.: _____
 Postal Add. City: _____ P.O. Box: _____ Zip Code: _____
 Mobile: _____ E-mail: _____

Insurance Coverage Details

Coverage Period: From: ____/____/____ To: ____/____/____
 Note: Coverage will start 30 days after the date of the premium payment.

Select the Required Coverage Plan: My Family - Silver My Family - Gold
 My Family - Platinum My Family - Diamond

Dependents included in the Plan

Please spell out your name as you would like it on the card, using no more than 26 letters and spaces.

Full Name(s)	Relationship to Applicant	Date of Birth DD/MM/YY	Company Use Only
			Annual Contribution in SR
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
Total Contribution:			

*The insurance coverage should include all family members.
 **Please attach a copy of your Saudi Family Card.

Did you have a previous medical insurance from Tawuniya? Yes No
 If "Yes", please state the policy No. and details: _____

Medical History Declaration

Please answer the following questions, taking into consideration that in case you do not declare the medical facts fully, Tawuniya shall have the right to cancel the medical insurance coverage of the policyholder and/or insured (beneficiary) immediately. In addition, Tawuniya shall have the right to claim all expenses related to medical insurance coverage from the policyholder and/or the Insured (beneficiary), directly or indirectly:

- Has any of the persons proposed for insurance (beneficiaries) been admitted in any hospital or medical center during the past ten months? Yes No
- Has any of the persons proposed for insurance (beneficiaries) been diagnosed of any acute, chronic or dangerous disease? Including, for example, but not limited to: Cardiac diseases, chest diseases, arteriosclerosis, hypertension, high cholesterol, vascular diseases, diabetes mellitus, cancer, endocrine diseases, psychiatric disease, disability, failure of (heart, kidney, liver, respiratory system), biliary and gallbladder diseases, prostate, bladder, urinary tract, reproductive system, muscle diseases, spinal cord, the digestive system, nervous system diseases, jaw, pharynx, tonsils and blood diseases, bone diseases, joint replacements and spine surgery, congenital deformity, and other. Yes No
- Is the wife/wives of any of the persons proposed for insurance (beneficiaries) pregnant? (In case the wives are added). Yes No

If the answer to any of the previous three questions is «Yes», please complete the following table, taking into consideration that Tawuniya may review the medical file of the person proposed for insurance (beneficiary), and then conduct a thorough medical examination for him / her, at the expense of the policyholder, in order to determine the appropriate amount of contribution for the person proposed for insurance (beneficiary).

Name of Patient	Description of Illness/Disability	The Year in which the Illness/Disability Occurred	Name of the Hospital (Private Sector)	Present State of Health in Respect of this Illness/Disability	Hospital File No.

On the space, please provide any other relevant information not mentioned. _____

- Is there any other information that utmost good faith requires to be disclosed?
 Yes No
 If the answer to this question is «Yes», please explain: _____

Credit Card Details

Card Type: **VISA** **MasterCard** **AMERICAN EXPRESS**
 Card No.:
 Expiry Date: Month Year Note: Credit Card should be that of the applicant

Declaration

On behalf of myself and my dependents named in this application, I, the undersigned, hereby:

- Declare that, to the best of my knowledge and belief, the information provided in this application, whether in my hand or not, the above statements and particulars are complete and true and that I have not misstated or suppressed any material facts (a material fact is one which is likely to influence Tawuniya acceptance or assessment of this proposal. If you doubt whether facts are material, they should be disclosed).
- Agree that the company shall have no obligation under the policy that may be issued to reimburse any medical expense incurred which is not covered or which exceeds the Policy limits and I shall be responsible to reimburse the Company for any such incurred medical expenses.
- Authorize any representative of the company to examine and investigate the medical record of all individuals named in this application from any physician, hospital or medical center.
- Declare that I understand that submission of this application does not bind me to complete the insurance nor the Company to accept, but is agreed that this application shall be the basis of the contract should a policy be issued.
- Understand that the insurance coverage will be effective only 30 days after the relevant contribution has been paid and received by Tawuniya.
- I'm not working at the private sector and this policy is not compatible with the CCHI requirements due to it was designed for non-private sector workforce.
- I note that the application and declaration only applies within the limits & coverage mentioned in "My Family" plan and its table of benefits. By doing so I understand that I shall be subject to the terms and conditions of the Cooperative Insurance Account and stand entitled to the right and obligations applicable to all participants of it. I also accept our contribution as being a participation to the Cooperative Insurance Account and I authorize the company to manage the account as Wakil with Wakala fees.
 - Medical expenses incurred in the emergency cases and at non-approved provider(s) must be submitted with original invoices and doctors' report(s) within 30 days of the doctor visit before reimbursement can be processed, as specified in the policy. The compensation will be subject to the reasonable rates that are applied in the Kingdom.
 - I have authorized Tawuniya to charge me the amount of SR _____ as premium contribution on my Credit Card as per the details given above.

Applicant's Signature: _____ Date: _____

For Tawuniya Use Only

Name: _____ Code: _____
 Signature: _____ Date: _____

*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.

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My Family Medical Insurance Program



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