



SHARJAH INSURANCE COMPANY

Head Office, Post Box No. 792, Sharjah, United Arab Emirates

Tel: +971 6 568 6690, 568 3833, Fax: +971 6 568 6545

Dubai Office Tel: 04-3979796 Fax No: 04-3979704

Abu Dhabi Office Tel: 02-6774200 Fax No: 02-6772770

Web site: www.shjins.ae E-mail: sico@emirates.net.ae

Group Medical Proposal Form

1. Company Details.

Full Name of Company: _____

Nature of Business: _____

2. Company Address.

P.O. Box _____ Emirate _____ Phone No. _____ Fax No. _____

Email: _____

3. Geographical Coverage Required.

- UAE Only UAE & GCC Countries, Sub-continent, Philippines
- UAE - Worldwide (ex. USA * Canada) * for emergency during travel
- UAE, GCC, Indian Sub Continent, Philippines-worldwide (ex. USA & Canada)*
For emergency during travel (annual vacation / business trip)
- * To include USA and Canada

4. Aggregate Limit Required.

- AED 25,000 AED 50,000
- AED 100,000 AED 150,000

5. Optional Benefit(s) Required.

- Routine Optical Treatment Routine Dental Treatment
- Maternity Repatriation and Emergency Evacuation

6. Plant Type.

- In - Patient Only
- In - Patient and Out - Patient

N.B. SICO reserves the right to modify selected options on the basis of size and composition of the Group.

7. Eligibility Definition - Selection criteria of persons to be insured.

8. Previous Claims History (3 Years).

| Year(s) | No. of Lives | Total Claims |
|---------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

9. Age Analysis/ List Showing Ages

| Age | Employees | Dependents |
|-------------------|-----------|------------|
| 14 days - 17 yrs. | | |
| 18 - 35 years | | |
| 36 - 45 years | | |
| 46 - 60 years | | |
| Over 60 years | | |

10. Contact Person's Details

Name: _____ Position in Company _____

Direct Telephone: _____ Fax No. _____

Signature: _____ Date _____