TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني
Trade Union Cooperative Insurance & Reinsurance

Group Medical Insurance Proposal Form

Instructions

Trade Union would be happy to provide your company with medical insurance. Just fill in the form below and return it to us at your convenience. For expediency, you may email or fax this proposal to us but please note that we will require you to send us the original, signed by post prior to your policy being issued.

By email: medical@tui-sa.com
By fax, post or in person: Please see the last page of this document for a list of our regional offices.

Please answer all the questions fully. If you require additional space to complete any section, please feel free to attach documents or a separate piece of your company letterhead giving full details of any additional information.

Non disclosure / Misstatement / Misrepresentation

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

Confidentiality

Trade Union respects your privacy. We will use the information you provide us only for the purposes of providing you with a quote for insurance. We will not communicate any of the information you provide to any third party under any circumstances.

Company

First, we will need some basic information about the company and the person responsible for dealing with employee health benefits.

What is the full legal name of the company?	
What is the company's registered or legal address?	
What is the status of the company? (private company, public company, government, etc.)	
What is the company's primary business activity?	
What is the name of the person to whom Trade Union should send all communication?	
If different from above, to what postal address should Trade Union use when communicating with this person?	
At what telephone number can we reach him/her if we have any questions?	
Fax number?	
Email address?	

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Company (continued)

How many years has the company been in business?

Has the company ever been declared bankrupt or insolvent? Yes ☐ No ☐

If yes, please give full details.

Has an insurer ever declined to insure or renew cover for the company? Yes ☐ No ☐

Has an insurer ever cancelled an existing policy for the company? Yes ☐ No ☐

Has an insurer ever imposed restrictions or an increase in premium on the proposed company? Yes ☐ No ☐

If yes to any of the above three questions, please give full details.

Use this space to provide any other information or material facts that you wish to disclose concerning the company.

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Coverage Required

Please indicate the indemnity limits required for each class of insured. Please indicate amounts in Saudi riyals.

Class	Type	Number	Limits (per person per year)	deductible			Sub-Limits			
				Nil	SR	0.2	Dental (Min SR 2000)	Maternity (Min SR 10,000)	Optical (Min SR 250)	Other Limits
VIP	Employees		250,000							
	Spouses									
	Children									
A	Employees		250,000							
	Spouses									
	Children									
B	Employees		250,000							
	Spouses									
	Children									
C	Employees		250,000							
	Spouses									
	Children									
D	Employees		250,000							
	Spouses									
	Children									

Nationalities

Please indicate the number of employees for each category of nationality.

Saudi	Arab	Asian	Western	TOTAL

Geographical distribution

Please indicate the number of employees based in each area of the Kingdom.

Eastern Province	Central Province	Western Province	Remote areas	TOTAL

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Existing Medical Coverage

Next we need to know about the current medical insurance arrangements the company has, if any.

Does your company currently have medical coverage? **Yes** ☐ **No** ☐

If yes, what is the name of the insurer?

How long has this insurer been providing medical coverage to the company?

Why is the company leaving the current insurer?

Claims History

Now we need basic information about any medical claims the company has made over the past three years. Please indicate all amounts in Saudi riyals.

In the past three years, has the company had any claims or losses in relation to medical and health insurance? **Yes** ☐ **No** ☐

If yes, please provide full details, including the cost.

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Declaration

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I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between the Policy Holder and Trade Union if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

This document must be signed by the proposed policy holder or by a legal representative of the policy holder in the case where the proposed policy holder is a legal entity.

Signature	
Full name	
Official title / position in company	
Date	

Liability

The liability of the insurer ("Trade Union") does not commence until acceptance of this proposal has been intimated by the insurers in writing and an official cover note/policy issued.

الفرع الرئيسي
ص ب: ١٠٢٢
الخبر ٣١٩٥٢
المملكة العربية السعودية
هاتف: ٨٥٧٢٢٢٢ ٣ ٩٦٦ +
فاكس: ٨٥٨٠٠٥٦ ٣ ٩٦٦ +

فرع الدمام
ص ب: ١٠٢٢
الخبر ٣١٩٥٢
المملكة العربية السعودية
هاتف: ٨٣٤٨٥٤٥ ٣ ٩٦٦+
فاكس: ٨٣٤٨٥٢٢ ٣ ٩٦٦+

فرع الهفوف
ص ب: ١٠٢٢
الخبر ٣١٩٥٢
المملكة العربية السعودية
هاتف: ٥٣٠٥٥٤٥ ٣ ٩٦٦+
فاكس: ٥٣٠٧٦٢٨ ٣ ٩٦٦+

فرع الرياض
ص ب: ٢٥٩٧٥
الرياض ١١٤٧٦
المملكة العربية السعودية
هاتف: ٤٧٤١٠٩٣ ١ ٩٦٦+
فاكس: ٤٧٩٣٢٩٨ ١ ٩٦٦+

فرع جدة
ص ب: ١٠١٦٣
جدة ٢١٤٣٣
المملكة العربية السعودية
هاتف: ٦٦٠٣٧٣٣ ٢ ٩٦٦+
فاكس: ٦٦٥١٨٩٥ ٢ ٩٦٦+

فرع مكة
ص ب: ١٠١٦٣
جدة ٢١٤٣٣
المملكة العربية السعودية
هاتف: ٥٤٠١٠٢٦ ٢ ٩٦٦+
فاكس: ٥٣٧٢٠٠٧ ٢ ٩٦٦+

قسم التأمين الصحي-جدة
ص ب: ١٠١٦٣
جدة ٢١٤٣٣
المملكة العربية السعودية
هاتف: ٦٦١٠٠٩٩ ٢ ٩٦٦+
فاكس: ٢٨٤٤٤٣٢ ٢ ٩٦٦+

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