

1 July 2019

Summit plan Group formation proposal

Medical History Disregarded (MHD) For groups of 5 to 50 employees

Please complete this proposal clearly in BLOCK CAPITALS and tick the boxes where needed.

This proposal should be read in conjunction with the Plan sponsor guide, Handbook and the accepted quotation summary.

You must tell us about all material facts before we accept a proposal or renew the plan. A material fact is information likely to influence us in assessing and accepting the Takaful cover. If you do not tell us all material facts or if you misrepresent any material facts, this may render the Takaful cover voidable from inception (the start of the contract) and enable us to repudiate liability (entitle us not to pay your claims). If there is any doubt about whether a fact is material, for your own protection, you must tell us.

A. Plan sponsor details

Company name	
Names of all subsidiary companies to be included	
Correspondence address	
Registered address	
Country	
Phone	Fax
Nature of business	Plan administrator
Direct phone	Direct fax
Email	

B. Company (plan sponsor) shareholder details

Sl. No.	Name of the shareholder	% of shares held in the company	Nationality	Date of Birth/ Year of Incorporation	Current address

If the shareholder is a company provide details of the Ultimate Beneficial Owner (UBO):

C. Director details

Sl. No.	Names of all directors	Nationality	Date of Birth/ Year of Incorporation	Current residential address

If you are unable to complete the above information in the space given, please provide this on a separate page.

D. Politically exposed persons (PEPs)

A PEP is a natural person who has been entrusted with prominent functions in a foreign country, such as a head of state, member of the royal family, prime minister, senior politician, senior government official, judicial or military official, senior executive of a state-owned enterprise, prominent political figure, or person who has been entrusted with a prominent position at an international organisation.

Is the company or any of its shareholders, directors or managers a PEP? Yes No

Is the company or any of its shareholders, directors or managers associated with a PEP? Yes No

If you answered yes to either of the above questions, complete the information below:

Name of the PEP	The PEP's connection to the company (e.g. shareholder, director, manager, etc.)	Nature of the PEP (e.g. Head of State, Prime Minister etc.)	Nationality of the PEP	Current Residential address of the PEP

If you are unable to complete the above information in the space given, please provide this on a separate page.

E. Quotation number accepted

Your cover details, plan type, area of cover and any add-on plans and benefits will be as noted within your quotation summary.

Cover start date (dd/mm/yyyy)	Quotation number accepted
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F. Group participant eligibility

All the participants to be covered on the group plan must be included on a mandatory basis on the proposal. The company can include all employees, or all employees falling within a particular category as determined by the company (eligible* employees), on the group plan.

1. Please tick an option below:

A	<input type="checkbox"/> All employees and their dependants to be included
B	<input type="checkbox"/> All employees to be included. Dependants will not be included on this plan
C	<input type="checkbox"/> All eligible* employees and their dependants to be included
D	<input type="checkbox"/> All eligible* employees to be included. Dependants will not be included on this plan
E	<input type="checkbox"/> Other (e.g. If any category has a voluntary element)

2. If you have selected C, D or E above, please answer the following question:

What are the criteria for employees to be included on the plan? Are there different criteria for different categories?

3. If you have selected C or E above, please answer the following question:

What are the criteria for dependants to be included on the plan? Are there different criteria for different categories?

* Eligible - as defined by you in answer to 2 and 3 above, to be agreed by us.

G. Payment options

Are there sources of Takaful contributions other than the Plan Sponsor noted in "A. Plan Sponsor details, Company name"?

Yes No

If yes, explain the source(s) and note it on the employee listing. _____

	Bank transfer	Cheque or banker's draft
Yearly	<input type="checkbox"/>	<input type="checkbox"/>
Every 6 months*	<input type="checkbox"/>	N/A
Every 3 months*	<input type="checkbox"/>	N/A

* A Takaful contribution loading applies; please contact us for more information.

Bank transfers

Bank transfers must be in the currency of the plan. Please make sure that you give the company name and quotation or plan number as the reference for the bank transfer. Please send the payment to 'Al Khaleej Takaful Insurance' using the details below.

USD account	
Bank name:	Masraf Al Rayan
Bank address:	PO Box 28888
	Grand Hamad Branch
	Doha
	Qatar
IBAN:	QA48 MAFR 0000 0000 0003 1107 18201
Account number:	003-110718-201
SWIFT code:	MAFRQAQA

To ensure that the full amount of the payment is received by us, please mark the bank transfer: 'Pay Full Amount' or 'Bank Charges Debit Account'.

Cheque or banker's draft

Cheques and banker's drafts must be in the currency of the plan and payable to 'Al Khaleej Takaful Insurance'. Please make sure that your company name and quotation or plan number are clearly shown on the back of the cheque or banker's draft in case the payment becomes separated from this proposal.

H. Plan adjustments

Every time adjustments are made to the plan a Takaful contribution change will occur.

How often do you want plan adjustments to be invoiced?

- Quarterly** – adjustments will be invoiced every 3 months.
- End of year** – adjustments will be invoiced at the end of the plan year.

I. Current and Planned treatment

Please list all participants who:

- a) will be receiving in-patient or daycare treatment in a hospital at the start date; or
b) will be receiving in-patient or daycare treatment in the future and are aware of this on or before the start date.

Name	Medical condition	Treatment details

Our underwriters may need further information about the details given.

J. Medical History Disregarded (MHD)

Cover for participants under this plan will be based on Medical History Disregarded (MHD) underwriting terms. Cover is subject to our acceptance, and will still be subject to the benefits, terms and conditions of the plan. A moratorium applies to the Travel add-on plan, see the 'Underwriting terms' section in the Aetna Travel plan Benefits Schedule.

K. Declaration

You declare that to the best of your knowledge and belief, the information in this proposal and in the participation census (attached) is true and complete.

You have read and understood the information provided on this proposal and the terms and conditions shown in the Plan sponsor guide, Handbook and other plan documentation.

You agree on behalf of the plan sponsor and the scheme participants to accept and comply with the terms of the plan and in particular:

- i) to pay the Takaful contribution for all participants insured by the plan in accordance with the policy wording;
- ii) to notify us promptly of any changes.

You agree that, unless the agreed Takaful contribution, this completed proposal and the details of all participants have been received by us, no claims for treatment will be authorised for payment by us.

You confirm that you understand that all material facts must be disclosed to us prior to us accepting the contract and that non-disclosure of material facts by you or participants may invalidate the plan. We reserve the right to cancel the plan for non-disclosure of material facts.

You understand that this declaration and information in this proposal will form the basis of the contract between Al Khaleej Takaful Insurance and the plan sponsor.

On behalf of all participants to be covered, you confirm consent to the processing and use of personal and medical details by us and relevant third parties and for the purposes of processing this proposal, policy administration, service provision, reinsurance, claims validation and fraud prevention.

You confirm that personal data provided to us has been collected fairly and lawfully (including observing any requirement to obtain the explicit consent of participants) so as to enable the processing of the personal data by us. Participants have been informed that their data, including medical data, will be processed or disclosed to or transferred to any organisation for the purpose of (i) assessing this proposal, (ii) providing on-going Takaful cover, (iii) customer service and (iv) the processing of claims. You understand that we are only able to provide financial or administrative information regarding the plan to you and not details of participants' individual medical claims in compliance with data protection regulations, unless explicit consent has been obtained from the participant concerned.

You acknowledge that both parties under this Takaful cover arrangement shall be responsible for complying with applicable anti-corruption and anti-money laundering laws, and certifies that it has neither received nor been provided any improper benefit, payment or advantage in connection with this Takaful cover arrangement.

Authorised signature:	For and on behalf of (company name):	Date (dd/mm/yyyy):
Name of signatory:	Position within the company:	

L. Participation census

Please confirm the participation census in the accepted quotation is correct.

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