

1 January 2018

# 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	
Country	
Phone	Fax
Nature of business	Plan administrator
Direct phone	Direct fax
Email	

### B. 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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### C. 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:

<b>A</b>	<input type="checkbox"/> All employees and their dependants to be included
<b>B</b>	<input type="checkbox"/> All employees to be included. Dependants will not be included on this plan
<b>C</b>	<input type="checkbox"/> All eligible* employees and their dependants to be included
<b>D</b>	<input type="checkbox"/> All eligible* employees to be included. Dependants will not be included on this plan
<b>E</b>	<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.

### D. Payment options

Please read carefully the disclaimers at the end of the form.  
Please retain a copy for your records.

	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.

#### E. 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?
<input type="checkbox"/> <b>Quarterly</b> – adjustments will be invoiced every 3 months.
<input type="checkbox"/> <b>End of year</b> – adjustments will be invoiced at the end of the plan year.

#### F. 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.

#### G. 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. Exclusions E1 and E2 will not apply. A moratorium applies to the Travel add-on plan, see exclusion ET2 in the Handbook.
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#### H. Declaration

Please read carefully the disclaimers at the end of the form.  
Please retain a copy for your records.

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:	

## I. Participation census

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

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna and Al Khaleej do not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to [www.AetnaInternational.com](http://www.AetnaInternational.com).

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna and Al Khaleej companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policies issued in Qatar are insured by Al Khaleej Takaful Insurance and reinsured by Aetna Life and Casualty (Bermuda) Limited and administered by Aetna Global Benefits Limited - a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, PO Box 6380, Dubai, UAE.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

Please read carefully the disclaimers at the end of the form.  
Please retain a copy for your records.