## Important Information

Kindly complete the questions on this form in BLOCK CAPITALS and tick the relevant boxes. It is important that you provide the following information accurately so that we can process your application accordingly. This application must be completed by the Policy Holder or Insured Member handwriting (over 18 years old). If you need to make a correction, please highlight the change and add the date on it. For full details of the policy's terms and conditions, please refer to the table of benefits and membership handbook, available from GIG representative upon your request. We look forward to welcoming you as a member of GIG Gulf.

*If you have any questions when completing this form, please contact your GIG sales team representative.

**Important Information About Your Membership Declaration**

1. It is crucial that you provide complete and accurate information before signing your medical application form ("MAF" or "Application").

2. This completed MAF must be received by GIG within 30 (thirty) calendar days from the application date. Failure to submit within this timeframe or providing incomplete information will result in the rejection of your application, and GIG will be unable to register your details or enroll you in the health insurance plan.

3. You are advised to maintain a personal record of all information disclosed in connection with this Application, including but not limited to any correspondence.

4. All medical information provided will be treated with strict confidentiality. Personal data collected from you and your dependents will be used by GIG solely for policy administration, claims processing, and fraud prevention. Information will only be shared with those directly involved in your treatment or care and, where applicable, with entities responsible for covering your treatment expenses.

5. Membership documents and all communications regarding claims processing will be sent exclusively to the principal member.

6. For quality assurance and service improvement, telephone calls with GIG may be recorded and monitored.

## Member's details (please keep us informed of any change in your address)

| | |
|---|---|
| First name: | Middle name: |
| Last name: | Gender: ☐ M  ☐ F |
| Date of birth: *DD/MM/YYYY* | P.O. Box: |
| Marital status: ☐ Single  ☐ Married  ☐ Divorced  ☐ Widow | |
| Address: | |
| Email: | Passport number: |
| Telephone number: *Country Code  Area code  Number* | Mobile number: *Country Code  Area code  Number* |
| Occupation: | Salary band: ☐ Not salaried  ☐ =<AED 4k  ☐ >AED4k - AED12k pm  ☐ >AED12k pm |
| Sponsor Type: ☐ UAE Citizen  ☐ Establishment  ☐ Resident | Nationality: |
| National ID number: | Place of visa issuance: |
| VISA UID Number: | |

## Existing or previous medical insurance

Do you have any health insurance currently in the G.C.C., or have previously received an Insurance quotation from GIG/AXA?  ☐ Yes  ☐ No

| | | |
|---|---|---|
| ☐ GIG/AXA Gulf | Policy/quote number: | Policy expiry date: *DD/MM/YYYY* |
| ☐ Other insurers | Policy/quote number: | Policy expiry date: *DD/MM/YYYY* |

## Sponsor details section

| | |
|---|---|
| Sponsor details: | Email address: |
| Name of Sponsor/Employer: | |
| Sponsor ID/Trade License No.: | |

## Your Membership Declaration

1. By signing this Application, I request enrollment in GIG's Health Insurance program for myself and the listed family members (if applicable). I, as the principal applicant, confirm that all disclosed information in this Application is complete, true, and accurate to the best of my knowledge.

   I acknowledge that I have received and read the policy's terms and conditions, including the Table of Benefits, the List of Exclusions, and the full terms and conditions of the selected health insurance plan. I accept that GIG 's rules and internal policies will govern my coverage and that of my dependents, as applicable.

2. I understand and agree that if any misrepresentation of facts is discovered, leading to a denial of coverage, I will bear sole responsibility. I agree to indemnify and release GIG from any liability for coverage denials, penalties, or fines resulting from misrepresentation. This will be applicable also if a complaint arises post policy expiry.

3. I acknowledge that changes to the benefits of my health insurance plan, whether an upgrade or downgrade, can only be made at the time of renewal, subject to GIG 's approval/ acceptance, completion of a new application form, and any additional documentation and /or any information that may be requested.

4. I formally authorize Gulf Insurance Group (Gulf) B.S.C. (c) to collect, use, store, transfer, and/or disclose any relevant information, including sensitive health information and personal data, both to and from third parties or partners, whether within or outside the GCC. This authorization is granted for the purposes of pricing, servicing, and administering our insurance policy. I acknowledge that such third parties or partners are also authorized to share any relevant information with GIG as required for policy management and compliance. A photocopy of this authorization, along with any subsequent communications related to this contract, shall be considered as valid and enforceable as the original.

5. I acknowledge and consent to the terms outlined in GIG 's Data Use Statement, available at https://www.giggulf.ae/privacy

6. I understand that GIG has taken measures to protect my personal data and that I have the right to access or request corrections to any inaccurate information held by GIG.

## Duty of Disclosure

1. Failure to disclose accurate information may result in a penalty, including but not limited to policy cancellation, denial of coverage, and/or forfeiture of any premium refunds.

2. I, as the main applicant, confirm on behalf of myself and proposed dependents, as applicable declare that the information provided in this Application is, to the best of my knowledge, complete, accurate, and truthful.

I understand and acknowledge the following:

- I have a legal obligation to disclose all material facts that may affect GIG's ability to evaluate and administer this policy correctly.
- It is my sole responsibility to provide all requested information, ensuring that it is accurate, complete, and not misleading.
- Any verbal declarations are not accepted; all required disclosures must be made in writing on this Application form.
- No indemnity will be paid by GIG under the proposed insurance policy for medical expenses arising prior, or during the course of this Application.
- Any material information that could influence GIG 's decision to accept or decline coverage must be disclosed before the contract is finalized. Failure to disclose such information may render the insurance policy invalid.
- If I am uncertain whether certain information is material, I must consult GIG before submitting this application, as it is not GIG 's responsibility to assume awareness of undisclosed facts.
- Coverage for chronic and pre-existing conditions is excluded for the first 6 (six) months of first scheme membership in the UAE.
- GIG reserves the right to suspend or cancel the policy in the event of non-disclosure or misrepresentation of material facts, which may impact policy administration. If cancellation occurs, any refund will be subject to GIG 's assessment of claims and deletion/cancellation reasons. Refunds, if applicable, will be processed on a pro-rata basis, 90 days after the policy deletion date.
- The duty to disclose material facts applies not only at policy inception but also whenever changes occur during the coverage/policy period.
- If there is any change in circumstances that may impact my policy coverage, I will promptly notify GIG to ensure that my policy remains valid and accurately reflects my insurance needs.

By signing this Application, I hereby confirm that I have reviewed and fully understand the terms and conditions outlined herein. I acknowledge and agree to abide by the terms and conditions set forth in this Application, including but not limited to the details of member information, membership declaration and the duty of disclosure. I further commit to ensuring full compliance with GIG's disclosure requirements and guidelines as specified in this Application.

| Signature: | Date: DD/MM/YYYY |
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