

## PROPOSAL FORM FOR NOOR INDIVIDUAL MEDICARE

Proposal No.:

Agent's Name: .....

Agent's Code:  Unit Code: ..... Date Received:

Branch Code: .....

1. Please complete the proposal form in full in CAPITAL LETTERS and cross [x] boxes as appropriate. Leave blank for questions that are not applicable and do not remove any page.
2. You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the certificate issued hereunder may be invalidated.

### Part 1: The Proposer

1. Full Name

2. Correspondence Address   
 House (H)   
 Office (O) P.O. Box  City / Town   
 Country

3. Contact No. Tel. No.  Mobile   
 Email

4. Personal Details Passport / ID No.  Nationality   
 Resident   
 Date of Birth:  Age Next Birthday  years  
 Gender:  Male  Female Height  cm Weight  kg  
 Occupation:

### Part 2: The Cover Details

5. Plan Type  Global Plan  International Plan  Regional Plan  UAE Plan  
 Maximum Annual Aggregated Limit Selected, AED

### Part 3: Additional Family Members To Be Covered

6. 1st Family Member Full Name   
 Date of Birth:   Male  Female Nationality   
 Relationship to you:  Residing In

7. 2nd Family Member Full Name   
 Date of Birth:   Male  Female Nationality   
 Relationship to you:  Residing In

8. 3rd Family Member Full Name   
 Date of Birth:   Male  Female Nationality   
 Relationship to you:  Residing In

### Part 4: Existing or Previous Membership

9. Do you have existing Takaful Contract with our Company or other Takaful Operators, or Medical Insurance with other Insurance Company? If Yes, please provide details:  Yes  No

Name of Company	OAL/Sum Covered	Type of Certificate(s) / Policy(ies)	Year Issued

**Part 5: Confidential Medical History**

10. Please answer the following questions as they apply to each of the person named.	Proposer's Name		1st Family Member's Name		2nd Family Member's Name		3rd Family Member's Name	
	Yes	No	Yes	No	Yes	No	Yes	No
(a) Is any of you currently unable to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has any of you stayed in a hospital or nursing home as an in-patient within the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Has any of you ever been treated for or under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumour, cancer or any other serious illness or infirmity within the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Have you experience any symptoms but not consulted a medical practitioner in the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Does any of you suffer from any chronic/long term medical or dental condition, or has any other disability, abnormality or recurrent illness or injury during the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Does any of you intend to seek medical advice, treatment or have any medical tests performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Did any of you have a surgical operation or have been advised to have a surgical operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Has any application for family takaful or life insurance (life, accident, health) been declined, postponed or accepted on special terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please give below full details for any «YES» answer including date and duration of any illness, type of treatment, doctors consulted, type of sport. Use separate sheet if necessary.

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**Part 7: Declaration**

13. I, the undersigned, to the best of my knowledge hereby confirm that statements contained in this Proposal Form are true and correct and I have not concealed, misrepresented or misstated any material fact. Should any part of the statements proved to be false, misleading, incomplete or inaccurate, Noor Takaful Family (PJSC) (hereinafter referred to as «the Company») shall have the right either to reduce or to deprive me of the benefits under the Takaful Contract to be subsequently entered into by me and the Company if the Company accept my proposal (the «Takaful Contract»). I agree that the statements and the declaration contained in this Proposal Form shall be the basis of the Takaful Contract and are deemed to be incorporated in the Takaful Contract

I hereby authorize any physician, hospital, clinic, institution or person, that has any records or knowledge of me or my health, to disclose to the Company all information about me with reference to my health and medical history. I also agree to furnish any information, reports or records on my statement of health or undergo medical examination, as required by the Company.

**Part 8: The Contract**

14. I hereby pay the takaful contribution to the Company as Tabarru> (donation) to the Takaful Fund and agree that the Company manage my takaful contribution under Wakalah principle in the manner deemed fit by the Company and in accordance with the Sharia>a rules. In return, I hereby agree that the Company deducts part of the contribution as Wakalah Fee as stated in the Takaful Contract.

I hereby agree that the Takaful Fund be invested by the Company on the Mudharabah (profit sharing) contract and in consideration thereof I agree that such profit, if any, to be shared in a proportion: 90% to the Takaful Fund and 10% to the Company. I further acknowledge that a portion of the net surplus arising from the Takaful Fund be distributed to me at the expiry of the takaful certificate.

Signature of Proposer

Name: .....

Date: