



Group Enrollment & Renewal Form – NGI

This application form must be completed in Capital Letters and signed off by the authorized signatory on all pages on behalf of the Policy Holder

Request Type:	<input type="radio"/> New	<input type="radio"/> Renewal
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A. Details of the Applicant / Policy Holder			
Company Name		Trade License No.	
Nature of Business		VAT Registration No.	
Company Address			
P.O. Box & Emirate			
Name of Contact Person			
Telephone No.		Mobile No.	
E-mail Id			
Policy No. (if previously insured with NGI)			

B. Census Details (please mention the count)					Plan Options	
Category	Employee	Spouse	Children	Total	Option 1	Option 2
Cat. 1						
Cat. 2						
Cat. 3						
Cat. 4						
Cat. 5						
Total						

- List of active beneficiaries must be submitted in the NGI standard format for issuance of binding offer.
- Individual Health Declaration form is required for groups below 20 members & other groups for members above 60 years of age. All additions requires MAF.
- Group Declaration form is required for group between 21 – 150 members.
- 5% deviation in the member count is acceptable.

C. Payment Details (PDCs are mandatory for all deferred payment options)		
Mode of Payment:	<input type="radio"/> Cheque	<input type="radio"/> Bank Transfer <input type="radio"/> Debit/Credit Card

D. Billing Details:	
Option 1: <input type="radio"/> As per main group name & TRN No.	Option 2: <input type="radio"/> As main group & sub group name & TRN No.

Declarations:

- I hereby declare that the information in this application form and other documents & information submitted in connection with this application are complete and true and that all material facts in relation to this application are declared by me or with my knowledge by my legal representative. I also acknowledge and understand that non-disclosure and misrepresentation of any material fact shall invalidate the policy.
- I acknowledge that NGI shall not be liable to accept claims against medical conditions existent or originating prior to the inception date of this cover or upon the acceptance of any member under same, unless otherwise indicated on the Table of Benefits in the quotation bearing the number mentioned above.
- I undertake to supply all information that the Company may reasonably require to determine the extent of its liability towards claims as lodged.
- I hereby agree that this application form and other written statements/documents submitted in connection with application shall form the basis of the insurance contract and shall be read along with the policy documents issued in relation to the policy.
- I hereby understand and acknowledge that any delay in renewal of my policy may result in loss of continuity of cover and that penalties for the uninsured period may be imposed as per the rules and regulations set forth in the Health Insurance Laws in the Emirate of Dubai or Abu Dhabi.

E. Document Check-list

S. No.	Policy Issuance Requirements for New and Renewals - for SME and Groups	DXB	AUH
1	Valid Trade license copy (For as well subgroups if any)	✓	✓
2	Establishment Card Copy (For as well subgroups if any)	✓	
3	Salary Certificate - Signed and Stamped	✓	✓
4	Complete Quotation/Renewal letter/TOB – Signed and stamped (in case of policy placement with NGI)	✓	✓
5	Compete Census List for policy issuance - all mandatory fields must be completed	✓	✓
6	Photographs, Passport size mapped to the census.	✓	✓
7	MOL List (member count as per final census list)	✓	✓
8	Continuity Certificate (in case previously insured)	✓	✓
9	Health Declaration form (Overage members 60 years & above, SME plans with 20 and less members) - Current dated with members signature	✓	✓
10	VAT Registration Number copy	✓	✓
11	Emirates ID copy and Passport Copy with Valid UAE VISA PAGE AS SOFT COPIES - <u>(For all HAAD policies and SME policies with 20 or less members)</u>	✓	✓

Authorized signatory on Behalf of the Policy Holder

Name:

Title:

Date:

Signature:

