



## HEALTH DECLARATION FORM – GROUP – Nextcare (up to 50 Members)

### On Policyholder Letterhead

To: Takaful Emarat Insurance PSC

We (Name of Insured/Policyholder) hereby confirm that the below information is correct and has been provided after verifying the same with all members to be insured with Takaful Emarat Insurance PSC as of (date)

Had any member ever suffered, diagnosed, or received any treatment in relation to:

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Liver Problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Renal Problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Stroke, Ischemic heart disease or heart surgery   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Cancer/Tumor  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Person is currently hospitalized or in COMA   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. COPD (Chronic Obstructive Pulmonary Disease)  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Any ongoing Covid 19 infections and variants  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. If any member is above age 65   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Auto Immune Diseases such as Crohn's, Ulcerative colitis, systemic scleroderma etc.               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Currently pregnant <small>(Not applicable for groups above 50 members)</small>                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11. If any other ailment, kindly specify <small>(Not applicable for groups above 50 members)</small> |                             |                              |

If any of above are answered "YES" please provide details below

Member Name	Pre-existing Condition/ailments	Reports attached

In addition to the above, we hereby understand and agree that:



- Takaful Emarat Insurance PSC has the right to re-underwrite and propose new premiums based on above information
- Members aged 65 & Above or with pre-existing/chronic conditions will have to submit Individual health declaration forms.
- All additional members to the policy will have to declare all pre-existing conditions in relation to above listed conditions.
- If we failed to disclose any of the above conditions for any reason, we understand that Takaful Emarat Insurance PSC has the right to decline any claim related to these conditions for non-disclosure of material fact and accordingly we shall be liable to settle and reimburse any paid amounts back to Takaful Emarat Insurance PSC
- After inception of the policy if we come aware of any of the above conditions previously unreported, we undertake to inform Takaful Emarat Insurance PSC promptly thereafter for their appropriate action.
- All alteration/ overwriting in the application must be signed.
- This Health Declaration form is valid for 1 month (30 days) from the date of completion and the form being signed.

I/We agree that no indemnity will be paid under the proposed insurance policy for medical expenses arising from disorders which were declared prior to completion of this application and which were not disclosed to the insurer at the date of this application. Failure to disclose material information to the insurer will invalidate the proposed insurance policy.

I/We hereby declare and agree, with respect to, myself/ourselves that I/we am/are aware of the general terms of this insurance and I/we accept them. With the above, I/we authorize my/our doctor, health institution or other organization or person that has any information about my/our health and/or activities to provide the Insurer with the said information. This shall include hospital and any other records pertaining to medical advice, diagnosis, treatment or disturbances. A photocopy of this authorization has the same validity as the original.

For and on behalf of (Policyholder) Date

Authorized Name and Signature Stamp