

Life & Medical Department

Group Medical QUOTATION REQUEST FORM

Company: _____ Date: ____/____/____

Contact Person _____ Position _____

Contact Number: _____ P.O. Box _____

Emirate: _____ Email: _____

This table shows the benefits offered in each plan, please choose the plan you want:

ABNIC MEDICAL PLANS						
<input type="checkbox"/>	Plan A					
<input type="checkbox"/>	Geographical Area	UAE extended to include Emergency Treatment Worldwide (excluding USA & Canada) while traveling				
<input type="checkbox"/>	Annual Limit	AED 400,000				
<input type="checkbox"/>	Plan B					
<input type="checkbox"/>	Geographical Area	UAE extended to include Emergency Treatment Worldwide (excluding USA & Canada) while traveling				
<input type="checkbox"/>	Annual Limit	AED 200,000				
<input type="checkbox"/>	Plan C					
<input type="checkbox"/>	Geographical Area	UAE extended to include Emergency Treatment Worldwide (excluding USA & Canada) while traveling				
<input type="checkbox"/>	Annual Limit	AED 100,000				
<input type="checkbox"/>	Plan D					
<input type="checkbox"/>	Geographical Area	UAE extended to include Emergency Treatment in GCC countries, Indian Sub- continent while traveling.				
<input type="checkbox"/>	Annual Limit	AED 50,000				
<input type="checkbox"/>	Plan E					
<input type="checkbox"/>	Geographical Area	United Arab Emirates Only				
<input type="checkbox"/>	Annual Limit	AED 25,000				
Pre-existing Conditions:		<input type="checkbox"/> Covered		<input type="checkbox"/> Not Covered		
Additional Benefits:		<input type="checkbox"/> Maternity		<input type="checkbox"/> Dental		
				<input type="checkbox"/> Optical		
		Plan A	Plan B	Plan C	Plan D	Plan E
		<input type="checkbox"/> Comp. +	<input type="checkbox"/> Comp. +	<input type="checkbox"/> Comp.	<input type="checkbox"/> Comp.	<input type="checkbox"/> Limited
		<input type="checkbox"/> Comp.	<input type="checkbox"/> Comp.	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Restricted
		<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Limited	<input type="checkbox"/> Limited	
Deductible		<input type="checkbox"/> Dh 50	<input type="checkbox"/> Dh 25	<input type="checkbox"/> 15 %	<input type="checkbox"/> 20%	

Necessary Required Information:

Claims Experience : _____ Total No. of Employees : _____

Total No. of Spouses : _____ Total No. of Children : _____

Remark: _____

Required Attachments:

List of Employees: Yes No | Claims Experience: Yes No

Applicant name : _____ Signature: _____