رؤية جديدة / للتأمين
redefining / insurance

Health Secure Application Form

Agent's signature:

Print name:

Agency Code:

Please attach a current passport photograph for each person covered by this application. Please write the individuals' name on the reverse of the photo.

,ONLY FOR: BAHRAIN, QATAR, OMAN

Please complete this form using Block Capitals and by ticking the relevant boxes. It is important that you provide the following information so that we can properly assess your application. If, therefore, you do not answer the questions we shall take that failure to answer to mean that you have nothing to disclose. This application must be completed by you or your parent/legal guardian in your/their own handwriting. If you need to make a correction, please initial the change.

1 YOUR PERSONAL DETAILS (PLEASE KEEP US INFORMED OF ANY CHANGE OF YOUR ADDRESS)

Title: ☐ Mr. ☐ Mrs. ☐ Miss	First Name:
Middle Name:	Last Name:
Date of Birth: DD/MM/YYYY	P.O.Box:
Address:	
E-mail:	Passport Number:
Telephone No.: Country code Area code Number	Mobile No.: Country code Area code Number
Occupation:	Name of Company/Employer:
Nationality:	Where was your visa issued:
Country where you are residing for most of the year:	

2 EXISTING OR PREVIOUS MEDICAL INSURANCE

Do you currently have medical insurance? ☐ Yes ☐ No

☐ AXA Gulf	Policy number:	Policy expiry date: DD/MM/YYYY
☐ Other insurer	Policy number:	Policy expiry date: DD/MM/YYYY

3 ADDITIONAL FAMILY MEMBERS TO BE COVERED

Title	Name	Nationality	Relationship	Date of Birth	Passport No.	Living in	Visa Issued in
			(wife/husband, son/daughter)	DD/MM/YYYY			Country
			(wife/husband, son/daughter)	DD/MM/YYYY			Country
			(wife/husband, son/daughter)	DD/MM/YYYY			Country
			(wife/husband, son/daughter)	DD/MM/YYYY			Country

WebMed Quote/Policy Number: To be completed by the agent

4 CONFIDENTIAL MEDICAL HISTORY

(Declarations must be made in writing on this application. Verbal declarations WILL NOT be accepted)

Here is your opportunity to tell us about any symptoms, discomfort or medical conditions occurring before your policy starts (whether or not medical advice has been sought). If you declare any symptoms, discomfort, diagnosed medical condition we can include it in your pre-existing condition benefit. If not, we will exclude it entirely.

AXA reserves the right to determine whether a condition existed before your policy began based on our global experience.

Typical examples of the things you should tell us about are varicose veins, allergies, backache, foot disorders (e.g. bunions), piles, gynaecological problems (including any irregularities of menstruation), complications of pregnancy, digestive irregularities, skin problems, trouble with heart, limbs, eyes, 'nerves' etc any ear, nose or throat problems or any pains, swellings, lumps or fever, this list is not exhaustive.

You must also tell us if you are or think you may be pregnant.

	Applicant	Family member 1	Family member 2	Family member 3	Family member 4
Name:					
Height (cm):					
Weight (kg):					
Any symptoms or discomfort experienced during the past 2 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Nature of symptoms/ discomfort/medical conditions					
Nature of treatment received					
When did it start?					
How long did it last?					
Need for any further treatment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Present state of health					
Any diagnosed medical conditions during the past 5 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Nature of symptoms/ discomfort/medical conditions					
Nature of treatment received					
When did it start?					
How long did it last?					
Need for any further treatment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Present state of health					

- **If there is any medical condition falling outside the 5 years period mentioned, in such case you should declare it in good faith.**
- **Please give details overleaf.**
- **Please continue on a separate sheet if necessary for further detailed information.**
- **If you answered yes to any of the questions mentioned above, please provide us with the latest medical report for the related medical condition.**

5 MEDICAL PRACTITIONER(S) MOST FREQUENTLY USED IN THE LAST 5 YEARS

Name:

Address:

Telephone No.:

6 YOUR SIGNATURE AND DECLARATION

I declare that to the best of my knowledge and belief the statements on this application form are full, true and correct, I/We have declared all material facts related to this application/quotation form. I/We understand that non – disclosure or misrepresentation of any material fact including but not limited to the medical declaration may invalidate the quoted terms/the health insurance policy and/or coverage of any undeclared medical conditions. I/We understand that this document is the basis of my/our insurance policy and upon acceptance will become a part of the contract and shall be read together with all the documents issued in connection with the policy.

I shall read the AXA Insurance Healthcare Series Membership Agreement when received and that I agree to be bound by it. In the event of any dispute, I agree to follow the AXA insurance (Gulf) B.S.C (c) arbitration process in the first instance. I agree that the acceptance of my application shall be on the basis of these statements. I agree that AXA may contact my/our medical practitioner(s) for further details of my/our medical history and authorise such practitioner(s) to release any information AXA may require.

I have understood that to incept my policy, I must provide a passport size photograph, passport/visa copies and the latest medical reports if needed for each member.

Print Name:	Date: DD/MM/YYYY
Signature:	

Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application please let us know within three months. **After completing this application form and signing the Declaration, please return to your nearest AXA office or broker office if you are using one.**

DECLARATION CONTINUED

Signature:

AXA Insurance (Gulf) B.S.C. (c)

UAE: 800 48 45
Bahrain: 800 010 60
Oman: 800 70 292
Qatar: 800 29 21

Website: www.axa-gulf.com

رؤية جديدة / للتأمين
redefining / insurance

GULPL13EN12412PR9AUG262013PM