Allied Insurance Company

Group Health Insurance Proposal Form

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Proposal no.

Policy no.

☐ Company

Nature of Business: _____

Company/Office/Applicant's Name: _____

Postal Address (fill below):

House/Building name: _____

Road: _____ District: _____

Postal Code: _____ Atoll,Island: _____

Reg No. | | | | | | | | | | |

Contact Name: _____

Contact No: _____

Email: _____

Fax: _____

Risk Details:

Period of Insurance: From: To:

Number of persons to be insured:

Please provide the list of persons to be insured in the following format

S.No.	Employee No.(Record Card no.)	Name of the employee	Designation	National ID no. / Passport Number	Nationality	Date of Birth	Specify existing diseases/conditions, if any

Dependent cover is an optional cover. An additional premium will be charged based on the following Information:

S.No.	Employee No.(Record Card no.)	Name of the employee	Designation	National ID no. / Passport Number	Nationality	Date of Birth	Specify existing diseases/conditions, if any

Note: Please provide an additional sheet if space is not sufficient to complete details.Names of the dependents may be mentioned immediately below the name of each employee.

Miscellaneous:

Are you currently having an Insurance Policy enforced? Please tick the appropriate.

☐ Insured with an Insurance Company

If insured, with an insurance company :

(i) When is the policy expiry date? ----------

(ii) What is the maximum limit per person? ----------

(iii) What is the deductible / excess? ----------

If Yes, Please provide with copy of benefit table if you require a quotation for same scope cover.

☐ Self – insured (funded)

If self insured :

(i) What is the maximum limit per person? ----------

Method of Payment:

1. Premium Payment

Would you like to apply for installments?

☐ Yes ☐ No

If Yes, no. of installments _____
(Maximum 4 installments. This would be subject to Credit Policy/terms and financial charges.)

2. Reimbursement Claim Payment

☐ Account Transfer to Staff - MVR account only
(Account details must be included in the enrollee list)

Declaration

I, on behalf of the Company hereby declare and warrant that the above statements are true and complete. I understand that any misinterpretation contained herein would void the contract and any and all claims will be forfeited. I understand that the insurance company will not be on risk until it has accepted the Proposal and communication of the acceptance has been given to me in writing.

I, on behalf of the Company consent and authorize the Insurer to seek medical information from any Medical practitioner, hospital, clinic, health related facility, pharmacy, insurance agency, insurance company or administrator having advice or documents pertaining to the care, advice, treatment, diagnosis or prognosis of any medical condition.

I, on behalf of the Company consent that the Insurer may hold claims or inactivate Policy in the event of a default of payment.

I, on behalf of the Company agree that this proposal shall form the basis of the contract should the insurance be effected. Upon receipt of confirmation on our quote, the benefits under the quote will be considered the basis for the contract and will remain UNALTERED through out the policy period. If after the insurance is affected, it is found that the statements, answers and particulars stated in the Proposal form and its questionnaires are incorrect or untrue in any respects, the Insurance Company shall incur no liability under this insurance.

Declaration: I/We desire to effect with the Company an insurance, in the terms of the Policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract and part of the insurance between myself/ourselves and the Company.

Signature:	Date:

Office use only		
Rate:	Premium:	Agent's Name:

Documents required with the Proposal:

☐ Company's registration copy
☐ Enrollee List (Soft Copy in Excel Format)
☐ Passport Size Photo (Soft Copy in .JPG Format)
☐ ID Card / Passport copy (Scanned Copy)

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

(Acceptance of Proposal means Insurance policy issued and premium collected.)