



INFORMATION SLIP
Group Medical Quotation Request

(Minimum 11 staff member)

Name of the Insured : _____

Business Activity : _____

Target rate available : _____

Major Illness (if any) : _____

Category : A B C

Annual Limit : 1.M 500,000 250,000 100,000 75,000 50,000

Geographical Scope : Universal Plus -Worldwide excluding USA & Canada
Basic Plan -UAE, Arab countries, Sub Asian
-Countries, Phils, Korea & Sri Lanka
Local Plan -UAE Only
Economy Plan - UAE Only
(+100 members)

Deductible : 100/- 75/- 50/- 25/-

Room & Board : Private Simi Private Shared/Ward

Network : NEXTCARE a) General Network Plus
b) General Network
c) Restricted Network
d) Restricted Network 2
GLOBALNET –HMO plan (min. 50 staff Not Applicable to AUH residents)
PENTACARE– HMO Plan (min. 250 staff Not Applicable to AUH residents)
KMC – HMO plan (min 1,000 staff Not Applicable to AUH residents)

Optional Benefits
(Available only for more than 50 Staff Members)

: Maternity – Annual Limit AED _____
: Dental – Annual Limit AED _____
: Optical – Annual Limit AED _____

Note: Please Submit Filled Up Form along with

- 1. Members List with date of birth & gender in excel format*
- 2. Any important information*