



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني
Trade Union Cooperative Insurance & Reinsurance



Group Medical Insurance Member Enrollment Form

What is the name of the policy holder?

What is your name?

How long have you been actively working?

Family Member	Name (First, Father, Family)	Nationality	D.O.B.	Class (A,B,C)	Sex (M/F)	Height (CM)	Weight (KG)	Smoker (Y/N)
Applicant								
Spouse								
Child								
Child								
Child								
Child								
Child								
Parent								
Parent								

Medical Condition

Please identify any disease related to your medical condition.

Disease	Yes	No	Disease	Yes	No
Cardio-vascular diseases			Malignant tumors		
Respiratory diseases			Sexually transmitted diseases		
Diseases of the digestive system			Congenital malformations or disablement		
Kidney and urinary tract diseases			Other diseases, accidents, previous or planned operations		
Osteoarticular and muscular diseases or transplants			Are you following any medical treatment?		
Diseases of the nervous system			Have you ever followed any medical treatment?		
Endocrine gland diseases and diabetes			Are you taking any medication?		
ENT or eye diseases			Do you have any allergies to any drug, food or other?		
Hematological diseases			For women, are you currently pregnant?		

If you answered yes to any of the above, please attach a separate piece of paper to this form with full explanations.

I, the undersigned, declare that the above mentioned information is correct and complete regarding myself and my dependents. Hence, I hereby give full and irrevocable authorization to the Insurance Company ("Trade Union Cooperative Insurance & Reinsurance Co."), to the administrator and to GlobeMed Saud's delegates (Physician and Nurses), to inquire about my actual state of health and that of my dependents from any medical center or hospital or doctor, and I waive my right of medical confidentiality to the benefit of the Insurance Company, the Administrator and GlobeMed Saud's delegates.

Please note that failure to disclose a material fact or if any information provided proves to be incorrect, the Insurance Company may void your policy and decline to pay any claim. A material fact is one that is likely to influence our judgment and acceptance of your application. If you are in any doubt about facts considered material, disclose them.

Signature and date

Please scan and email this form to medical@tui-sa.com or fax it to +966 2 2844432. Any questions? Call us on +966 2 6610099.