Important Information

Kindly complete the questions on this form in BLOCK CAPITALS and tick the relevant boxes. It is important that you provide the following information accurately so that we can process your application accordingly. This application must be completed in the Policy Holder or Insured Member's own handwriting (over 18 years old). If you need to make a correction, please highlight the change and add the date on it. For full details of the policy's terms and conditions, please refer to the table of benefits and membership handbook, available from AXA representative upon your request. We look forward to welcoming you as a member of AXA Insurance (Gulf) B.S.C. (c).

*If you have any questions when completing this form, please contact your AXA sales team representative.

Important information about your membership declaration

- It is essential that you provide the complete information before you sign on your medical application form and your medical health declaration.
- This form must be received by AXA Gulf within (30 days) from the declaration date. If we receive this form after 30 days from the signed declaration date, or with incomplete information, we will not be able to register your details and enrol you into the Health Insurance plan.
- It is advisable that you fill in your form with an up to date medical history before you sign and date this form.
- Claims will not be payable if you do not fully disclose any facts which could influence our assessment of this application and if you are in any doubt as to whether any facts, you should disclose them.
- You are advised to keep a record of all information you disclose to us in connection with this application, including letters
- Medical information will be kept confidential. Personal data collected from you and your family will be used by AXA Gulf to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims. It will only be disclosed to those involved with your treatment or care and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses.
- All membership documents and confirmation of how we deal with any claim you may make will be sent to the principal member.
- In the interest of continuously improving our service; your calls will be recorded and may be monitored.
- Prior to signing the application, please make sure that you have read, understood and agreed to the policy terms and conditions.

Policy holder details (please keep us informed of any change in your address)

First name:	Middle name:
Last name:	Gender: ☐ M ☐ F
Date of birth: DD/MM/YYYY	P.O. Box:
Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widow	
Address:	
Email:	Passport number:
Telephone number: Country Code Area code Number	Mobile number: Country Code Area code Number
Occupation:	Nationality:
Name of company (Employer):	Place of visa issuance:
Qatar ID number:	

Existing or previous medical insurance

Do you have any health insurance currently in the G.C.C., or have you received any health Insurance quotation recently? ☐ Yes ☐ No

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

Your partner and family members (husband/wife & children to be insured with AXA)

Title	Name	Nationality/ passport number	Relationship	Sponsor	Date of birth	Qatar ID number	Place of Visa issuance
			Wife/Husband/ Son/Daughter		DD/MM/YYYY		
			Wife/Husband/ Son/Daughter		DD/MM/YYYY		
			Wife/Husband/ Son/Daughter		DD/MM/YYYY		
			Wife/Husband/ Son/Daughter		DD/MM/YYYY		
			Wife/Husband/ Son/Daughter		DD/MM/YYYY		

Confidential medical history

Declarations must be made in writing on this application. Verbal declarations are not acceptable.This section requests your health and medical history details, past and present, including each family member named in the section above. Please tick Yes or No to every single question for every person included in this application. If you tick Yes to a question, please provide full details in the following section. Please ensure you declare any known or suspected condition, and any discomfort or symptoms experienced before your policy starts, even if professional advice has not yet been sought. Any declared condition shall be covered under the pre-existing limit as per the plan terms and conditions.

Please note that AXA reserves the right to decline your claim and not pay it, if you do not provide us with full details of any existing medical condition.

Section A: Please answer all questions below and if any of them is answered with "yes", provide details in section B:

	Principal	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Name						
Height (cm)						
Weight (kg)						
Do you smoke?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
1. Are you under any medical supervision, undergoing any medical/surgical treatment, was advised for the same or have been admitted to the hospital in the last five years?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
2. Do you have any chronic or pre-existing medical condition*?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
3. Are you taking any medication or have been advised to take for a period more than seven days?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
4. Do you have any bone, joint or spine disease/complaints?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
5. Have you been diagnosed, investigated or treated for any type of tumor, lump or cancer?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
6. Do you have/had a medical condition which is not listed in the questions above (excluding cold or flu, vaccination, normal checkups without medical condition or symptoms).	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
7. **For females only:** a. Are you currently pregnant?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
b. If you answered yes on the above question, have you faced any complications up to date?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
c. Provide the date of your last menstrual period.	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
d. Are you currently trying to get pregnant or undergoing any form of fertility treatment?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Section B. Please provide details of all questions answered yes in the previous section:

*Chronic illness: a condition with one or more of the following criteria: last 3 months or more, leaves residual disability, is caused by non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may require long period of supervision or observation, e.g. diabetes mellitus, hypertension, coronary artery disease etc.

*Pre-existing condition: an illness or health condition that was known and existed prior to submitting the application.

Your membership declaration

I hereby apply to be insured into the AXA Health Insurance program together with my family members listed above. I as the main applicant, confirm on behalf of myself and proposed family members that the disclosed information given on this application form is complete, true and correct to the best of our knowledge. I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer. I am the undersigned and I confirm that I have received and read the terms and conditions of this policy, read and understood the table of benefits, list of exclusions and the full terms and conditions of the opted for Health plan. I agree that AXA Gulf rules and internal guidelines would apply to me and to the eligible dependents included in my membership.

I/We understand and agree that AXA reserves the right to request for medical examination and investigations report/s regardless of the declaration provided to complete the enrollment process.

I/We confirm that in case a complaint arises and coverage for the insured is denied due to any misrepresentation of facts stated in the application, it will be the sole responsibility of me, the undersigned. I agree to indemnify and not hold AXA responsible for any denials, penalties and fines incurred due to misrepresentation of facts.

I/We understand that any change on my plan benefits which upgrades or downgrades my Health Insurance plan would only be possible at the time of renewal subject to AXA Gulf's acceptance, the completion of a new application form in addition to any other forms or reports that may be requested by AXA Gulf. We formally request AXA Insurance (Gulf) B.S.C (C)("AXA") to collect, use, store, transfer and/or disclose any relevant information whether within or outside of GCC (including sensitive health information and personal data) from any third party/partner in the due course of pricing and servicing our insurance policy and thereby authorize them to disclose all such relevant information to AXA.

A photocopy of this authorization and all other related subsequent documents including communications in relation to this contract shall be considered as effective and valid as the original.

We have been notified and agreed to the terms of AXA's Data Use Statement which can be found at https://www.axa.qa/privacy.

AXA has taken steps to ensure that your information is held securely. You have the right to access your personal data held by AXA. If you believe that your personal data held by AXA is inaccurate you have the right to ask for this to be rectified.

Signature:	Date: DD/MM/YYYY