

Qimam Association

Quotation No: 31767510

Issue Date 2024-11-06



التعاونية Tawuniya

Medical Insurance Quotation

For Small and Medium Enterprises (SMEs)

The right health insurance for your business needs

Tawuniya Insurance Company, the Saudi insurance leader with over 35 years of experience, will serve you with professional team that offer products designed to ensure the best health for the SMEs' employees. Our SME health insurance complies with the requirements stipulated by the Council of Cooperative Health Insurance (CCHI), which ensures the perfect health care for your employees and their families.

Benefits of SMEs health insurance:

► **Closest to you**

Our providers are available close to you wherever the need arises by our extensive network of providers all over the kingdom.

► **Instant Approvals**

Issuing medical approvals by electronic system within 5 minutes.

► **24/ 7 hours service**

Our service is available seven days a week and around the clock via our Call Center, e-Services and the smart phones application.

► **Suitable options to enjoy peace of mind**

A variety of flexible plans that cover all your needs.

► **Insurance cover while abroad**

Emergency medical assistance around the world provided through our strategic partners outside KSA.

Taj Services

Medical Special Services To Cover Your Needs

► **Telemedicine : Consult your Doctor**

Remote reliable medical consultation

► **Re-fill and delivery of Chronic Diseases Medication**

Receive your medication without the need to visit a doctor

► **Dispensing Medication from authorized independent pharmacies**

Our service is available seven days a week and around the clock via our Call Center, e-Services and the smart phones application.

► **Home Children Vaccination**

Vaccinating your child at home

► **Chronic Disease Management**

We take care of your health, to the smallest detail

► **Pregnancy Follow-up Program**

Your pregnancy is a pleasant journey

► **Tawuniya Hospital Services Representatives**

Tawuniya Representatives Will Provide You With Full Support.

► **Medical Reimbursement**

With simple steps to reimburse your expenses outside the network

► **Pre-authorization Call Back**

Ensuring the full clarification of your approval rejection

► **Global Emergency Services (Assist America)**

Medical Services While Traveling

► **SMS Notification**

Quick tracking of your requests

► **Call Center 24/7**

Always with you!

► **Tawuniya Application Services for Smartphones**

We've made it even easier

Why 360 is a best option for your medical insurance?



Provides various medical insurance packages that suit your needs and comply with the Unified Health Insurance Policy issued by the Council for Cooperative Health Insurance (CCHI).



Operates the largest network of accredited hospitals and medical centers consisting of more than 2,000 medical service providers in the Kingdom and abroad.



Boasts the shortest time for issuance of medical approvals at no more than 5 minutes.



Handles more than 6 million medical approval requests annually, %55 of which are processed via an automatic response system.



Operates through the best e. linking with the medical service providers, allowing Tawuniya to handle more than 12 million medical claims annually.



Provides worldwide medical assistance through our strategic partners outside the Kingdom.



Fast claim processing for the reimbursement of medical expenses submitted via the website and processed within 5 working days.



A dedicated customer service team available 24/7 with specialist doctors to answer your queries



Operates hospital service offices located in major hospitals to provide the very best services and assistance.



The medical insurer partner for most government agencies and major corporates, a testimony to their confidence in its ability to provide a high level of medical insurance.



Top-notch after-sales service through a dedicated account manager leading an integrated team for each customer.

Tawuniya Vitality Get Active.. Get Rewarded

What is Tawuniya Vitality?

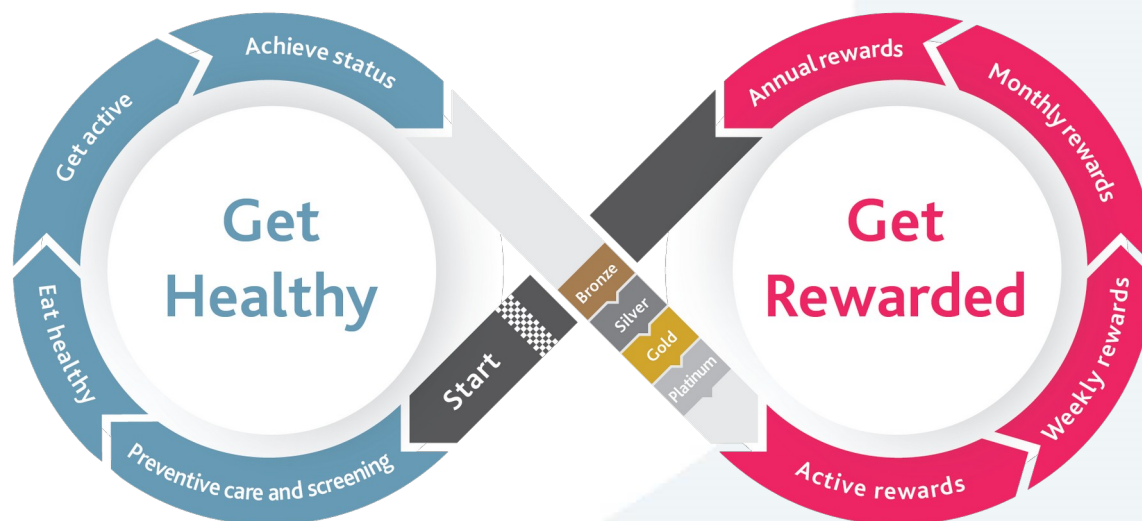
Tawuniya Vitality helps you in understanding your health status, and works with you to elevate it and adopt a healthier, more active, and rewarding life style. It is based on behavioral science along with proven methodologies, advanced systems, and a fun App that create a customized wellness program, which fits your needs and rewards you for your healthy choices.

So join the Tawuniya Vitality today and start the journey to a healthier you and a more rewarding lifestyle!

Why join Tawuniya Vitality?

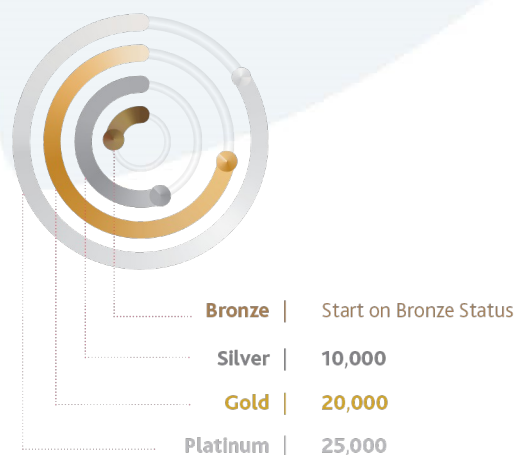
- Become active
- Get rewarded for being active
- Get cashback on your fitness wearable
- Monitor your health

How Tawuniya Vitality works



Tawuniya Vitality Status:

All members will start at Bronze and as they become more active and accumulate points they will move from Bronze to Silver, Gold, and finally to the Platinum status.



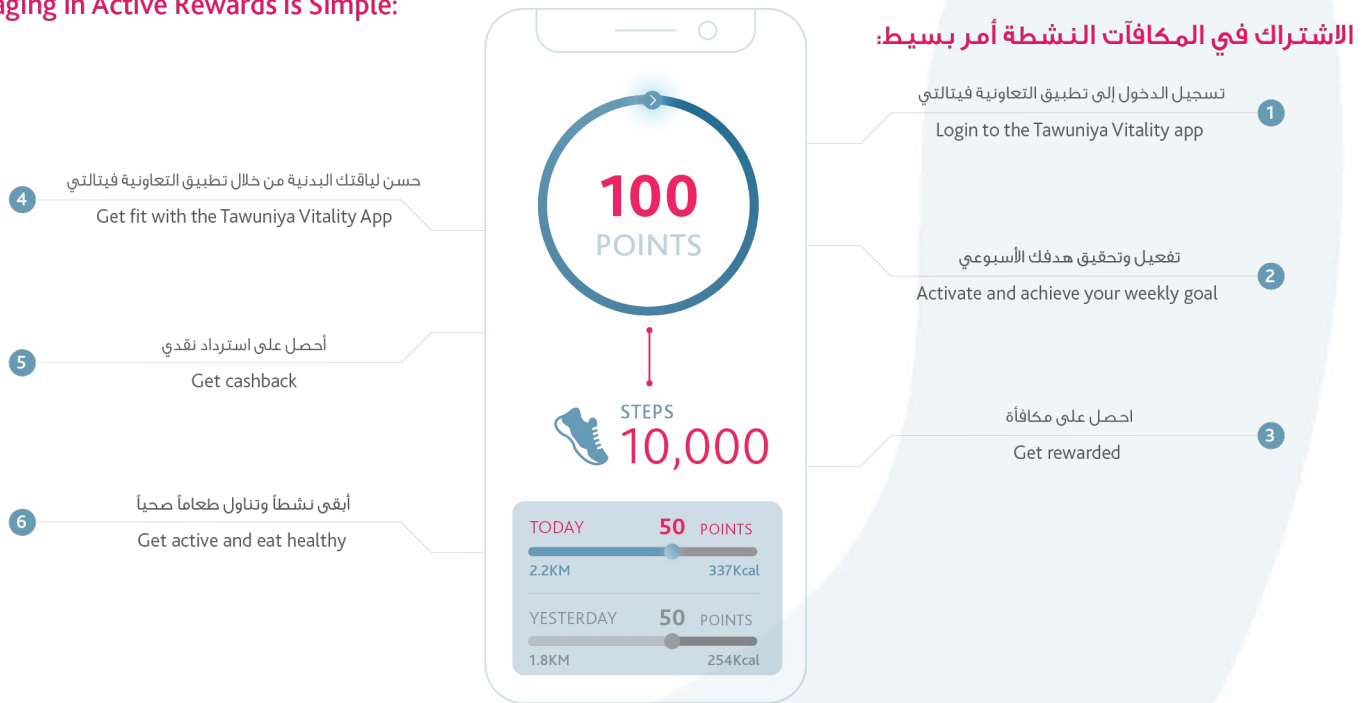
Tawuniya Vitality Get Active.. Get Rewarded

Tawuniya Vitality Rewards

All Tawuniya Vitality members can earn Active Rewards. The Active Rewards recommends and measures personalized weekly fitness goals for you, adjusting them automatically based on your activity levels. Get weekly rewards when you achieve your goals.

Engaging in Active Rewards is Simple:

Engaging in Active Rewards is Simple:



Do a Tawuniya Vitality Health Checkup at our accredited health check-up locations:

-  Blood pressure
-  Blood glucose
-  Cholesterol
-  Body mass index
-  HBA1C

Please visit our website to see the nearest health check-up location.

* Subject to terms and conditions.

Table Of Benefits (Medical Covers and Exclusions):

Cover	Elite \Premier A+	Premier A1 \A \ B	Platinum A1 \A \ B	Gold A1\A\B\ C	Silver A \ B	Bronze A \ B	Crystal	Basic A \B+ \B \ C
Network	Gold+\ Gold	Gold+\ Gold \1+		Gold+\ Gold \1+\1	1 \ +2	2 \ 3	Gold	4 \ 5 \ 6 \7
Annual maximum limit per person	500,000 SR							
Outpatient deductible for each patient visit	Nil		10%	20%				
Upper limit for Out-Patient Deductible/Co-insurance per visit	Nil		•Mandatory Provider Network (MPN) maximum limit (75 SR) •Outside Hospital Network (OHN) maximum limit (100 SR) •Outside Complex Network (OCN) maximum limit "Other providers" (100 SR)					
Doctor Consultancy fees	Covered							
Outpatient Pre-authorization	Nil	1,000 SR				500 SR		
Inpatient deductible	Nil							
Room	Normal Suite up to 1,500 SR			Private room		Shared room	Private room	Shared room
Corrective dentistry	4,200SR		3,200 SR	2,200 SR	1,200 SR			
Root canals and emergency treatment	800 SR							
Medication Deductible	Nil		Generic:10% up to 30 SAR Branded 50% no cap	Generic:20% up to 30 SAR Branded 50% no cap				
Optical coverage for 14 year and below (Optical sub limit for frames 400 SR)	2,000 SR		1,500 SR	1,000 SR	800 SR	400 SR		
Hearing aid benefit	6,000 SR							
Maternity benefit	30,000 SR		25,000 SR	20,000 SR	15,000 SR			
Maternity	Normal deliveries, antenatal and postnatal cares, caesarean section, miscarriage and Legal abortion.							
Newborn coverage	Covered on: The mother's policy up to a maximum of 30 days from the date of birth until they are added in the policy on retroactive basis from the date of birth.							
Premature born babies	Covered							
Complications of delivery / pregnancy	Covered							
Emergency cases in KSA	Covered							
Elective (non-emergency) treatment out of network in or out of KSA	Covered subject to reasonable and customary charges						Not covered	
Emergency evacuation through UnitedHealthcare Global	Covered subject to reasonable and customary charges						Not covered	
Emergency treatment out of KSA	100,000 SR		75,000 SR	50,000 SR			Not covered	
Repatriatuon of mortal remains to home country	15,000 SR		10,000 SR					

Benefits (All Packages)	Coverage Ceiling
Dialysis	180,000 SR
Psychiatric Illnesses	50,000 SR
Acquired Damage in Heart Valves	150,000 SR
Operation on an Organ Donor (for the donor)	50,000 SR
Alzheimer Patients	15,000 SR
Autism Cases	50,000 SR
National Program for Early Diagnosis in Newborns	100,000 SR
Disability	100,000 SR
Newborn Circumcision (males)	500 SR
Cost of covering the operation of obesity surgery if body mass BMI exceeds 40 or 35 with complications	within a maximum limit of 15,000 SR
Respiratory Syncytial Virus (RSV) immunization program for children according to the Ministry of Health approved immunodeficiency virus vaccines schedule.	Covered
Infant vaccines according to the schedule of the Ministry of Health	Covered
Intensive Care Unit	Covered
Pre-existing and chronic diseases prior to the insurance policy	Covered
Physiotherapy	Covered
Companions of children under 12 years old	Covered
Ambulance service on local roads	Covered
Life-threatening congenital diseases	Covered
Treatment of allergy-triggered illnesses	Covered
Costs of Psoriasis treatment Covered	Covered
Overage of early hearing screening program and critical congenital heart disease program for all newborns.	Covered
Costs of infant formula (baby milk powder) in need of medical care up to the age of 24 months to become free of charge.	Covered

Additional Elective Benefits:

Cover	*Elite *Premier A+	*Premier A1 \ A \ B	*Platinum A1 \ A \ B	*Gold A1 \ A \ B \ C	*Silver A \ B	*Bronze A \ B	*Crystal	*Basic A \ B+ \ B \ C
Annual maximum limit per person	1,000,000 SR		800,000 SR	700,000 SR	600,000 SR		NA	
Optical coverage for members over 14 years old (Optical sub limit for frames 400 SR)	2,000 SR		1,500 SR	1,000 SR	800 SR		400 SR	
Dental Benefits	5,000 SR		4,000 SR	3,000 SR		2,000 SR		
Cost of covering the operation of obesity surgery if body mass BMI exceeds 40 or 35 with complications			20,000 SR					
Ears piercing (Females)			300 SR					

*Selected plans with additional elective benefits will be marked with * in the summary table in page 16

1- Limitations and exclusions

- a. This policy will not cover claims resulting from
 1. Complications from self-inflicted injury, excluding the costs of treating life-threatening injuries.
 2. Complications from diseases resulting from the intentional abuse of some medications, stimulants, sedatives, substance abuse, etc., excluding the costs of treating life-threatening injuries.
 3. Non re-constructive cosmetic surgeries.
 4. General examinations, vaccines, drugs or preventive measures that do not require medical treatment or are not mentioned in this Policy (except for the preventive measures stipulated in the Policy or determined by the Ministry of Health, such as vaccinations as well as maternity and childcare).
 5. Treatment received by the insured free of charge.
 6. Recreational therapy, general physical health programs, and treatment in social welfare institutions.
 7. Any illness or injury arising directly from the profession of the Insured.
 8. All costs related to dental implants, dentures or cosmetic procedures, including, but not limited to, teeth whitening, except for the benefits outlined herein.
 9. Vision correction surgeries, excluding procedures that prevent vision loss.
 10. The expenses of the transportation of the insured within and between cities in the Kingdom by means of transportation other than the licensed ground ambulance.
 11. Hair loss, baldness or artificial hair.
 12. Allergy tests of any nature, excluding those related to the medical cases that can only be treated through these tests, or those related to prescribed medications, according to the medical proof and evidence.

13. Equipment, treatments, drugs and hormone procedures, surgeries or treatment aimed at regulating reproduction, contraception, impotence, infertility, in-vitro fertilization, or any other method of artificial fertilization.
14. Any congenital weakness or deformity, unless it has a current or future life-threatening impact on the Insured.
15. Any additional costs or expenses incurred by the companion of the Insured during its stay at the hospital, except for hospital accommodation charges for one companion, as required by the best medical practices.
16. Treatment of acne.
17. Cases of human organ transplantation, according to the definition set out in the First Chapter of the Policy, excluding the additional benefits regarding organ transplantation. Knowing that artificial organs are managed as per the benefits and exceptions of the policy.
18. Joint replacement with exception to what have been listed as benefits or for the treatment of complications arising from a covered benefit such as joint replacement due to cancer or a trauma.
19. Personal risks set forth in Chapter 1 (Definitions) herein. Any sport other than what is mentioned in the definition chapter, must be submitted to the Council for decision.
20. Alternative medicine procedures and medications.
21. Artificial and ancillary limbs.
22. Diseases that are classified by the WHO or the Ministry of Health as pandemics, or natural disasters.
23. Eyeglasses for persons over fourteen (14) years old.
24. Complications resulting from any previous illness or injury shall be excluded under the provisions of this Policy.
25. Long-term care (Care for a long period) that are limited to nursing care or personal care with exception to the benefits listed in this policy.

(B) Except for the provisions of Section 2 herein, this policy shall not cover health benefits or corpse repatriation to home country in claims resulting from the following:

1. War, invasion, acts of (foreign) aggression whether or not war is declared.
2. Ionizing radiations and pollution from radioactive activity of any nuclear fuel or waste resulting from the combustion of nuclear fuel.
3. Radioactive, toxic, explosive or other hazardous properties of any nuclear plant or any of its nuclear components.
4. The Insured service or participation in armed forces or police operations.
5. Riots, strike, terrorism, or its equivalents.
6. Accidents or chemical, biological, or bacteriological reaction, if those accidents or reactions are a result of occupational injury or occupational risk.

(c) Hotels, dormitories, guest houses, resorts, convalescent centers, sanatoriums, places for the care of persons in custody, nursing home, or schools/institutes specialized in teaching deaf, autistic, etc. shall not be included under the concept of the Hospital described in this Policy.

2- Definitions

The terms and expressions mentioned herein shall have the meanings ascribed thereto, and expressions that are not defined herein shall have the same meanings ascribed thereto in the Law or the Implementing Regulations:

► **The Insured (Beneficiary):**

The natural person (or persons) covered by the policy:

► **Dependent:**

Husband or wife, sons up to the age of twenty-five and unmarried and unemployed daughters in addition to orphans who are fostered by foster families, receiving compulsory health insurance.

► **Preferred Provider Network (PPN):**

A group of healthcare service providers approved by the CHI and specified by the insurance company to provide healthcare services to the insured. These services are directly credited to the insurance company's account. This network includes the following levels of health services:

- Level 1 (primary health care).
- Level 2 (public hospitals).
- Level 3 (specialized or reference hospitals).
- Other complementary health service provider centers (such as One-day surgery centers, pharmacies, physiotherapy centers, eyeglasses shops, Telemedicine, Home health care).

► **Emergency:**

Urgent medical treatment required by the medical condition of the insured as a result of an accident or a case requiring prompt medical attention, depending on the following levels of urgent medical care (1. Resuscitation, 2. Emergency, 3. Urgent condition that may be resulting in death, loss of one or more organs, or the occurrence of an accidental or permanent disability situation) as described by the Private Health Institutions Law and Regulations approved by the Ministry of Health, which determines how to dispatch emergency cases.

► **Day Care Surgery or Treatment:**

A patient admitted during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. It should be noted that their coding and pricing is in accordance with the hospital's procedure for admission

► **Deductible (co-payment):**

The part paid by the insured upon receiving treatment services in outpatient clinics as provided for, if any, in the policy schedule, excluding emergencies and hospitalization cases.

► **Gender:**

For purposes of the policy, words denoting the masculine gender shall be deemed to include the feminine gender as well.

► **Maximum Limit:**

The maximum limit for the company's responsibility.

► **Claim experience:**

The previous claim history from the previous insurance company, as (SAMA) instructions.

3- Unified Cooperative Health Insurance Policy:

This proposal and acceptance letter including all its enclosures are an integral part of the Unified Cooperative Health Insurance Policy and its rules and regulations approved by the ministerial order 1443-006869 13/08/1443 AH and in the event of disputes between the stake holders, refer to the rules stated in the unified policy.

For more information about the Cooperative Health Insurance Policy, please visit the CCHI website www.cchi.gov.sa

4- Additional Terms and Conditions:

These Additional Terms and Conditions along with the Proposal and Acceptance Letter, Policy Schedule (medical benefits & exclusions) and Unified Policy (hereinafter collectively referred to as "Documents"), shall form and constitute the full agreement for the provision of medical/ health insurance services.

If there is any discrepancy or conflict between the contents of the Additional Terms and Conditions and the Proposal and Acceptance Letter, the provisions of the Proposal and Acceptance Letter shall prevail; and if there is any discrepancy or conflict between the Documents, the documents in the sequential order shall prevail.

The definitions mentioned in the Unified Policy shall be incorporated by reference herein and shall have the same meaning ascribed to them.

a- Term and renewal:

The duration will be as per the term/tenor stipulated in Clause (3) of the Proposal and Acceptance Letter. It will be renewable for a similar period with the written consent of both parties according to the new rates, which will be determined later on their desire for renewal.

b- Scope:

It is agreed by and between both parties that the Company is committed to providing the service of medical insurance cover to the Beneficiary/(ies) of the Policyholder through the Approved Service Providers' Network or by the reimbursement of medical expenses incurred by the beneficiary / beneficiaries and the other obligations as provided for in the Documents. The Policyholder represents that the information provided shall be true and correct and shall disclose all material information as required by the principle of "utmost" or good faith implied in such agreements.

c- Disclosure:

The Policyholder shall provide the Company with relevant data at regular and ongoing basis as may be agreed between the Parties from time to time and shall also provide the Company with signed Medical Disclosure Form by its beneficiaries.

In all cases, the correctness and accuracy of data is under the direct responsibility of the Policyholder and its Beneficiaries. It is agreed by and between the parties that the Policyholder shall be responsible for providing the copies of the policy schedule (medical benefits & exclusions) and Unified Policy to its beneficiary(ies) and explaining the features and policy terms and conditions to its employees/ Beneficiaries and provide a written undertaking/confirmation to the Company in respect of the same. The beneficiary / beneficiaries shall not be in a position to absolve itself or take plea against the Company in the event of a dispute that the policy terms and conditions and benefits were not explained by the Company or were not reviewed or comprehended by the concerned beneficiary(ies) or explained by the Policyholder. The Policyholder agrees that in case the Policyholder or any of its beneficiaries fail to disclose or deliberately conceal material information regarding their health or

medical history, the Policy shall be void at the option of the Company. The Company reserves the right to forfeit the entire premium in such cases.

d- Company's obligations:

The Company shall:

1. Issue a health insurance policy in accordance with the common standard criteria adopted by the Council of Cooperative Health Insurance and the Saudi Central Bank (SAMA) at minimum.
2. Cover the medical treatment costs for the Policyholder's employees and their families whose names are stated in the list submitted by the Policyholder in accordance with the terms and conditions of this agreement and within the limits of health insurance policy.
3. Prepare a User Manual to facilitate access by those covered by health insurance to medical services granted to them. This Manual shall identify the medical service providers and the controls of medical treatment provision that require prior approval.
4. Submit reports on the request of (The Policyholder), provided that such reports must contain all the data and details required by the Policyholder, including, for example, but not limited to, the following:
 - Report on the visitors to medical service providers and the relevant cost which includes both outpatient and inpatient services.
 - Report on the number of approvals issued.
 - Report the number of inpatient cases.
5. Subject to clause (6) of general conditions of Unified Policy, be responsible to update the data in its system relating to the deletion and addition of Policyholder's employees and their families.
6. Respond to the request for approval related to the medical services within sixty (60) minutes. As for emergency cases, the medical service should be provided immediately to the beneficiaries without referring to Company seeking approval.e- Policyholder's obligations:
 1. The Policyholder shall enable Company to subrogate it in the event of recourse against third parties who cause the damage or any beneficiary if the indemnity is beyond the scope of the policy terms and conditions, and issue a legal power of attorney from the beneficiary/ beneficiaries if so requested by Company.
 2. The policy of the Council of Cooperative Health Insurance (CCHI) covers Maternity benefit for married female employees and employees' wives, and if the marital status is single at the start of the coverage, we hope that you disclose the change of marital status upon the occurrence of the change to ensure smooth procedures for benefiting from insurance services at appointed medical providers. We would like to note that marital status affecting on insurance premium as it's one of the essential information that must be disclosed in the health declaration form if it is filled out.
 3. The Policyholder undertakes that the information provided on the beneficiary is true and are not false.
 4. The Policyholder shall provide, upon request of the Company, all information and documents related to emergency cases and consequential obligations.
 5. The beneficiary shall be re-examined at any time by a licensed physician determined by Company whenever it so desires and in this case Company will shoulder the medical examination costs.

6. The Policyholder and beneficiary shall, upon requesting medical treatment, to provide the medical insurance card and proof of identity to the medical service provider, which is returned to him/ her after recording the necessary treatment data.
7. The Policyholder and beneficiary shall add new born babies from day one of birth. Failing to do so for any reason, they will compensate the Company for all medical costs paid for the baby using the mother's card.
8. The Policyholder is obliged to explain/apprise the beneficiary with the terms and conditions of the medical insurance policy and making sure his/ her thorough understanding to the exclusions contained therein to act accordingly.
9. Tawuniya has the right to request filling the Medical declaration form for Upgrade request. the request will be evaluated according to the declared information in the Medical declaration form.

5- Compliance with the Company Manual:

Subject to Clause (6) of general conditions of the Unified Policy, if the Policyholder wishes to add or delete a beneficiary / beneficiaries to avail insurance cover under this agreement, this should be effected in accordance with the procedures set forth in the medical insurance Manual in detail. Policyholder undertakes, represents and warrants that he/it shall at all times comply with the Company Manual by referring to the website of Company as per the link below: [www.tawuniya.com.sa/manual5- Invalidity of any Term](http://www.tawuniya.com.sa/manual5-Invalidity%20of%20any%20Term):

If any representations or conditions of any of the Documents are incorrect, invalid or unenforceable due to any statutory rule, administrative order, judicial verdict or public policy, all other terms and conditions contained herein shall nevertheless remain valid and enforceable.

6- Force Majeure:

It is agreed by between both parties that in the event of known force majeure case (impossibility of implementation) that ceases or impedes the implementation of business or any major part hereof, the party exposed to damage is entitled to terminate, by sending to the other party a written notice by registered mail at its address mentioned in the Documents or by hand delivery.

7- Additional Termination Clause:

The Company is entitled to terminate this arrangement and cancel the insurance policy in the event of:

1. Non-payment of insurance premiums (contributions) pursuant to the schedule as stated in clause (2) of the Proposal and Acceptance Letter or as directed by the Company to the Policyholder from time to time.
2. If the information furnished by the Policyholder is incorrect or false to the extent that affects the decision of Company to accept or decline the provision of insurance cover.
3. Addition of a beneficiary to the policy on the request of the Policyholder, which is revealed later that such beneficiary, is not belonging to the Policyholder or under its sponsorship.
4. If it is proven that the Policyholder has committed fraud.

8- The System of the Saudi Credit Bureau (SIMAH):

The Company (Tawuniya) shall have the right, in the event that the Policyholder is delinquent in paying the dues of Company, whether they are insurance premiums or claims, to insert the name of the Policyholder in system of Saudi Credit Bureau (SIMAH).

9- Cancellation:

In case of complaint/s, you can contact 8001249990 or digital channel through our website and mobile application.

10- Cancellation:

The policyholder may cancel this policy at any time under a written notice sent to the Company within a minimum of 30 business days prior to the date required for cancellation, taking into account the rules governing forming and managing insurance risk pools.

11- General Provisions:

1. In no case shall the two parties publish any information on the details of this arrangement.
2. The addresses mentioned in the Proposal and Acceptance Letter for each party are their respective official addresses. All papers and correspondence relating to the enforcement of this agreement and any relevant or consequent issues shall be notified via this address. However, any change to such address must be advised in writing.
3. The calculation of periods referred to in this agreement or any of its documents or appendices in the Gregorian calendar, which is prevailing between both parties.
4. This arrangement is concluded in Arabic and English language in two identical counterparts duly signed by both parties. Each party has received a copy hereof to act accordingly. If there is any discrepancy or conflict between the English and the Arabic document, the Arabic document shall prevail.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR.	No. of Spouses	Total SR.	No. of Children	Total SR.	Total Members	Total SR.
Gold B	1	5545	1	10426	3	9125	5	25096
Bronze B	3	5043	2	9607	2	3406	7	18056
Basic	4	5348	3	17744.9	2	2945	9	26037.9
Total	8	15936	6	37777.9	7	15476	21	69189.9

Proposal & Acceptance Letter

To: Qimam Association Policy No 41684329
Address: 8787 prince fawaz south aby alhasan nahwi From Date 2024-12-25
Quotation No: 31767510 Issue Date: 2024-11-06 To Date 2025-12-24
VIBAN: SA6090941870000007483273

Dear Sir,

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably).

Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth.

2) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

3) Quotation Validity

The offer shall be valid for a period of 15 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

This offer is for SMEs as defined by SAMA. Tawuniya Insurance Company reserves the right to cancel this offer in the absence of criteria for classifying this category of clients before the policy is issued. Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgment of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: Tawuniya (The Company of Cooperative Insurance)

Name: TAWAFUQ AL WOSTAA INSURANCE BROKERAGE

Designation: Customer Services Executive



4) Premium Table and Payment method:

Your total premium payment contribution without VAT	SAR 69189.9
Value Added TAX (VAT) 15 %	With Value SAR 10378.49
Your total payment	SAR 79568.39

<< Seventy-Nine Thousand Five Hundred Sixty-Eight Riyals And Thirty-Nine Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

DECLARATION

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name:

Date:

Signature:

Designation:

Stamp