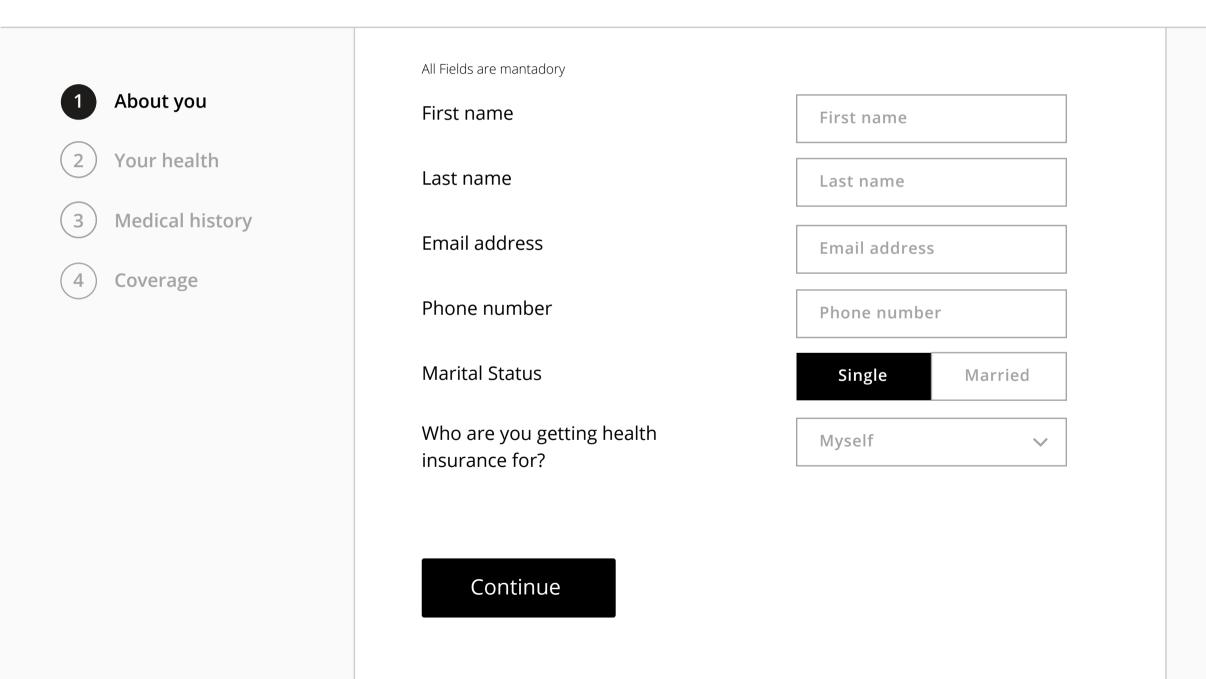
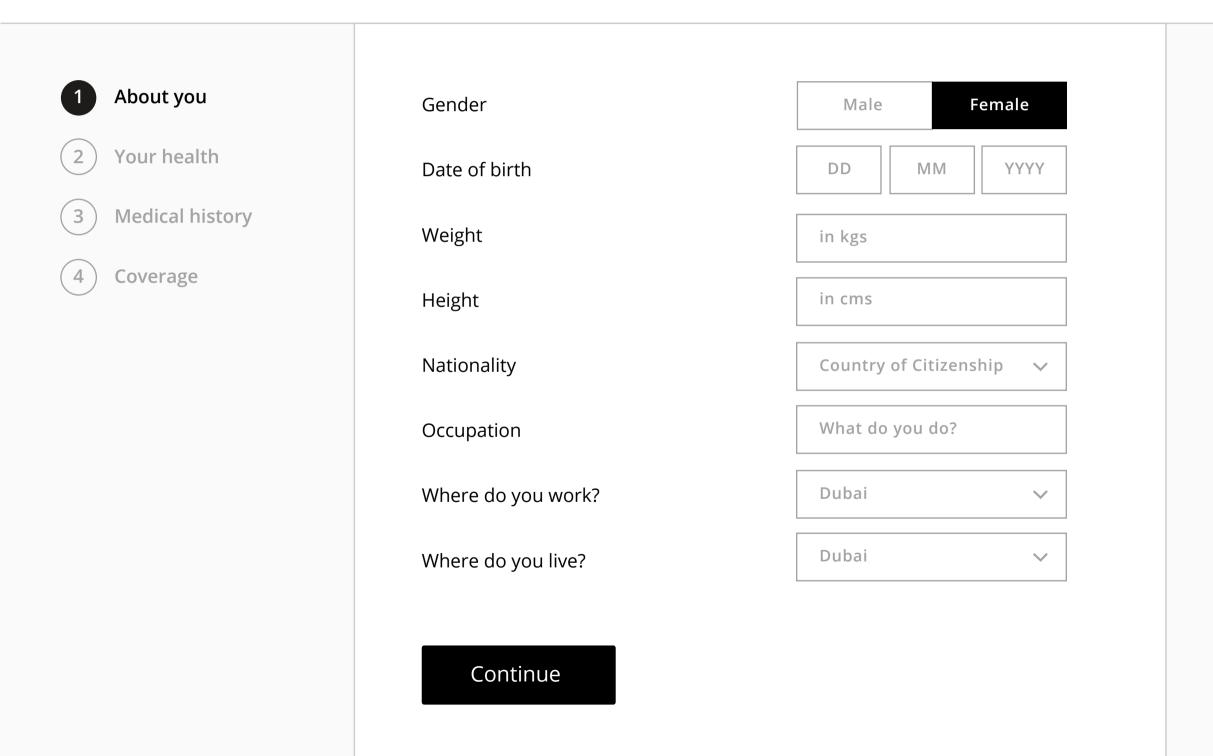
Find the health plan that suits you

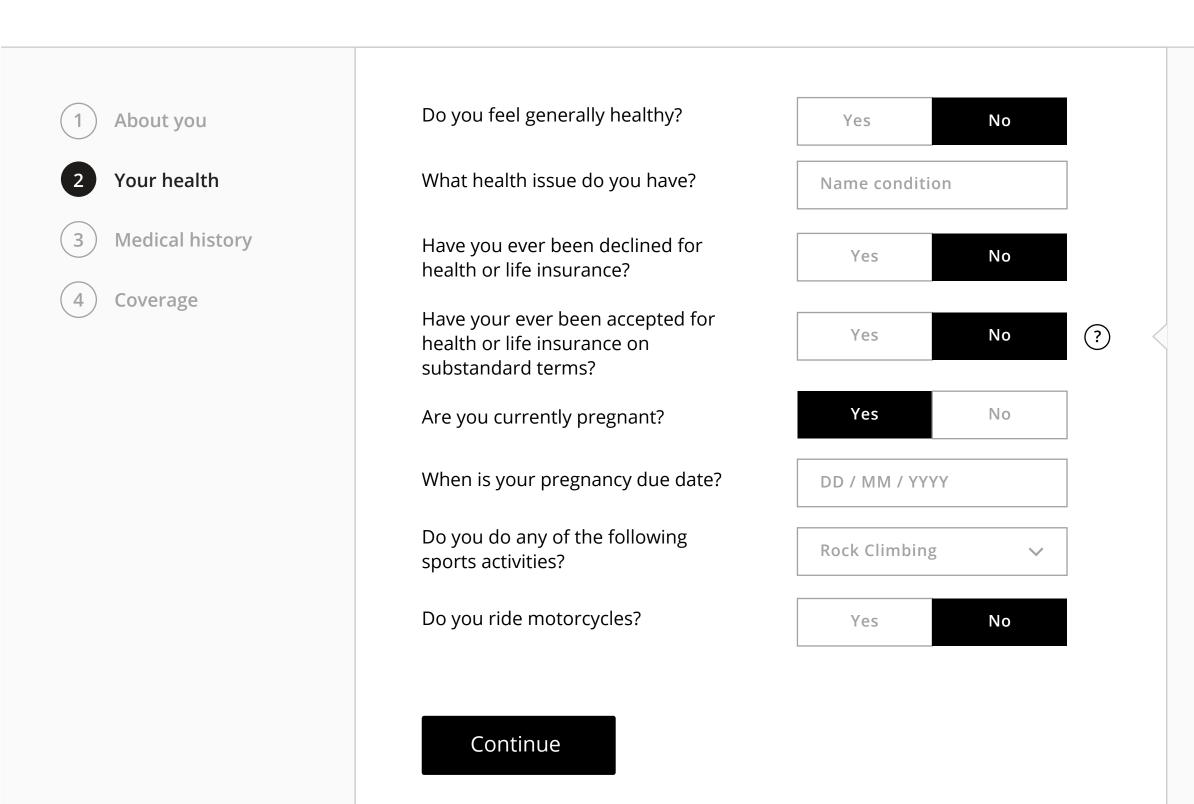


EIB will only use this information to find the best quotes for you. We do not sell your information and will not send you promotional offers without your consent.

Find the health plan that suits you



Tell us about your health

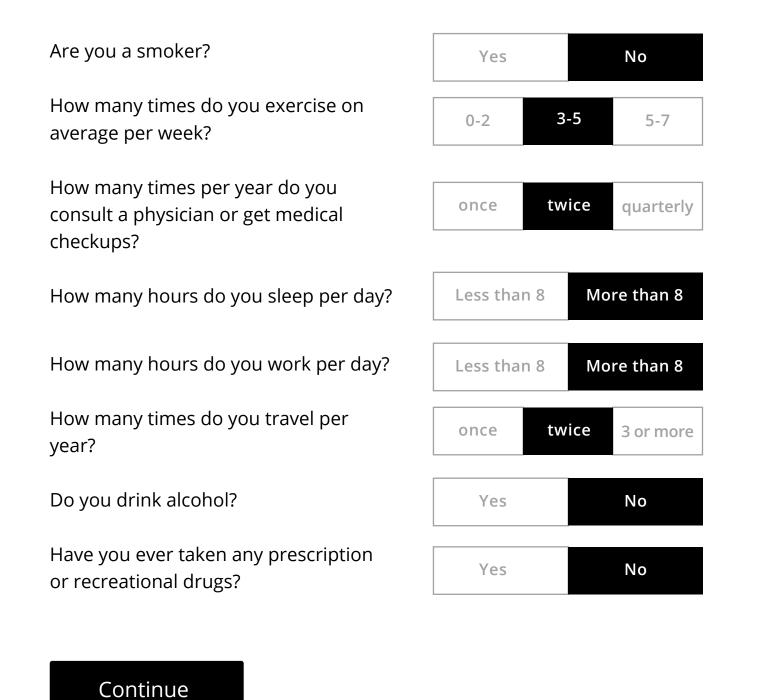


To get an accurate quote, we'll need to estimate your medical expenses in a typical year. The questions about your medical history and needs will not affect the price you pay for insurance and your answers are protected by our privacy policy.

A Substandard insurance policy may contain special or restricted provisions or higher premiums, typically given to those who do not qualify for a standard insurance rate because they may carry a greater risk.

Tell us about your lifestyle

- 1 About you
- 2 Your health
- (3) Medical history
- (4) Coverage



- (1) About you
- 2 Your health
- 3 Medical history
- 4 Coverage

Have you ever been diagnosed or received any treatment (including hospital or surgery) or felt any disorder or pain or had symptoms including: ? Musculoskeletal and/or Connective tissue System Neoplasms, Cancer, Tumors ? Blood & Blood forming organ system ? **Digestive System** ? Endocrine, Nutritional, Metabolic, or Immunity ? Nervous System or Sense of Organs ? **Genitourinary System** ? Respiratory System ? Cardiovascular System ? Skin Sabcutaneous Tissue Continue

False declaration shall result in no coverage and cancellation of the insurance policy under consideration in this application as from the effective date, with no premium refund.

These include anemia, thalasemia, bleeding, disorders, blood cell, lump mode issues.

- 1 About you
- 2 Your health
- 3 Medical history
- 4 Coverage

Have you ever had any complication No Yes of pregnancy, child birth and the puerperium? Do you have any conditions No Yes originating in the perinatal? Do you have any congenital No Yes anomalies, or hereditary diseases? Do you have any Mental Disorders? No Yes Infectious and parasitic diseases? No Yes Have you ever been tested positive Yes No for HIV and for other infectious diseases (e.g. Hepatitis B, C) or Have any medical condition or symptoms indicative of HIV infection or AIDS? Have you ever undergone a medical Yes No or surgical hospitalization, procedure or operation? Have you ever undergone surgery to No Yes remove a body organ or structure? Continue

- 1 About you
- 2 Your health
- 3 Medical history
- 4 Coverage

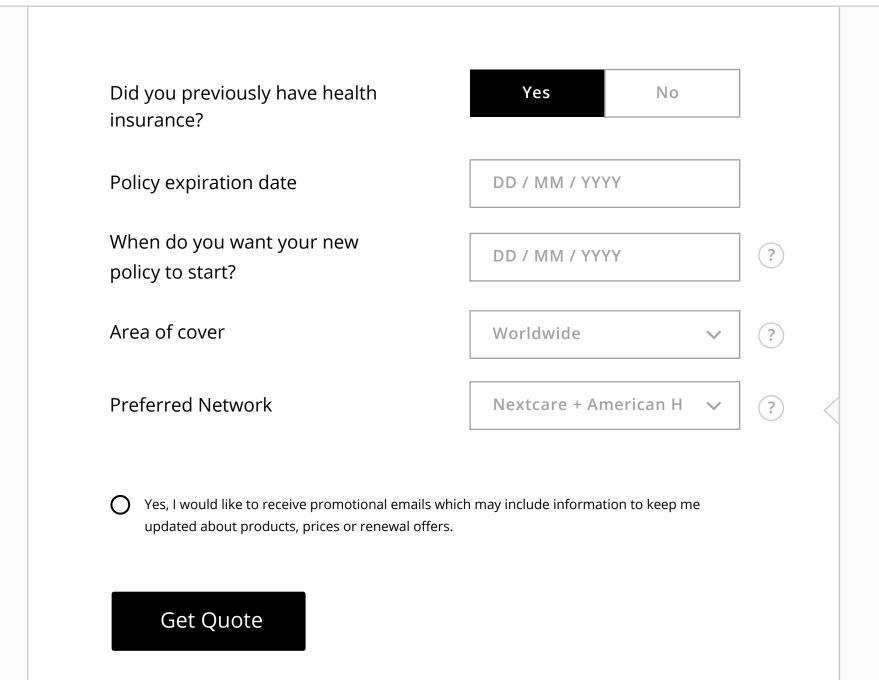
	nherited disorder or genetic disease
ŀ	Hemophilia
ľ	Muscular Dystrophy
١	Multiple Sclerosis
(Cancer
ľ	Mental illness or disorders
1	Nervous System or Sense Organ disease
	llness of the Cardiovascular System
	Diabetes
-	se specify who from your family was previously diagnosed.
_	

- 1 About you
- 2 Your health
- 3 Medical history
- (4) Coverage

Yes	No			
ho was not inc	luded in thi	s application fo	rm?	
Spouse	Child			
ow are they cu	rently insu	red?		
Not a UAE re	esident	Covered under	group policy	
Other				

Specify coverage details

- 1 About you
- 2 Your health
- (3) Medical history
- 4 Coverage



If you'd like to make sure a particular medical center or hospital is included in your coverage, please select the appropriate network. To see the list of medical centers available within each network, visit our **network guide**.

Select your quote

Here are the best indicative quotes we've found for you for the coverage you need.

