

# Find the health plan that suits you

- 1

About you
- 2

Your health
- 3

Medical history
- 4

Coverage

All Fields are mantadory

First name

Last name

Email address

Phone number

Marital Status

Single

Married

Who are you getting health insurance for?

Myself

▼

Continue

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

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Gender

Male

Female

Date of birth

DD

MM

YYYY

Weight

in kgs

Height

in cms

Nationality

Country of Citizenship

▼

Occupation

What do you do?

Where do you work?

Dubai

▼

Where do you live?

Dubai

▼

Continue

# Tell us about your health

- 1

About you
- 2

Your health
- 3

Medical history
- 4

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Do you feel generally healthy?

Yes

No

What health issue do you have?

Name condition

Have you ever been declined for health or life insurance?

Yes

No

Have your ever been accepted for health or life insurance on substandard terms?

Yes

No

Are you currently pregnant?

Yes

No

When is your pregnancy due date?

DD / MM / YYYY

Do you do any of the following sports activities?

Rock Climbing

▼

Do you ride motorcycles?

Yes

No

Continue

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

Are you a smoker?

Yes

No

How many times do you exercise on average per week?

0-2

3-5

5-7

How many times per year do you consult a physician or get medical checkups?

once

twice

quarterly

How many hours do you sleep per day?

Less than 8

More than 8

How many hours do you work per day?

Less than 8

More than 8

How many times do you travel per year?

once

twice

3 or more

Do you drink alcohol?

Yes

No

Have you ever taken any prescription or recreational drugs?

Yes

No

Continue

# Medical history details

- 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.

# Medical history details

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

Have you ever had any complication of pregnancy, child birth and the puerperium?	<div>Yes</div> <div>No</div>
Do you have any conditions originating in the perinatal?	<div>Yes</div> <div>No</div>
Do you have any congenital anomalies , or hereditary diseases?	<div>Yes</div> <div>No</div>
Do you have any Mental Disorders?	<div>Yes</div> <div>No</div>
Infectious and parasitic diseases?	<div>Yes</div> <div>No</div>
Have you ever been tested positive 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?	<div>Yes</div> <div>No</div>
Have you ever undergone a medical or surgical hospitalization, procedure or operation?	<div>Yes</div> <div>No</div>
Have you ever undergone surgery to remove a body organ or structure?	<div>Yes</div> <div>No</div>

Continue

# Medical history details

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

Has any member of your family been diagnosed or received treatment for any of the following:

Inherited disorder or genetic disease

Hemophilia

Muscular Dystrophy

Multiple Sclerosis

Cancer

Mental illness or disorders

Nervous System or Sense Organ disease

Illness of the Cardiovascular System

Diabetes

Please specify who from your family was previously diagnosed.

Continue

# Medical history details

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

Are there any direct family members you did not include in this insurance application form?

Yes

No

Who was not included in this application form?

Spouse

Child

How are they currently insured?

Not a UAE resident

Covered under group policy

Other

Continue



# Specify coverage details

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

Did you previously have health insurance?

Yes

No

Policy expiration date

DD / MM / YYYY

When do you want your new policy to start?

DD / MM / YYYY



Area of cover

Worldwide

▼



Preferred Network

Nextcare + American H

▼



☐ Yes, I would like to receive promotional emails which may include information to keep me updated about products, prices or renewal offers.

Get Quote

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.

Insurance company

Annual Premium  
5,350 AED

Regulatory Compliance

No

Area of Cover

Worldwide

Annual Limit

AED 15,000,000

Network

ADNIC Platinum Network

Details

American Hospital

Included and on direct billing for IP + OP services

Cash benefit

AED 500 per day

Road Ambulance

Covered in emergency

Physician Fees

Covered

See full summary of coverage >

Edit Coverage

Select

Insurance company

Annual Premium  
5,800 AED

Regulatory Compliance

No

Area of Cover

Worldwide

Annual Limit

AED 15,000,000

Network

ADNIC Platinum Network

Details

American Hospital

Included and on direct billing for IP + OP services

Cash benefit

AED 500 per day

Road Ambulance

Covered in emergency

Physician Fees

Covered

See full summary of coverage >

Edit Coverage

Select

Insurance company

Annual Premium  
6,050 AED

Regulatory Compliance

No

Area of Cover

Worldwide

Annual Limit

AED 15,000,000

Network

ADNIC Platinum Network

Details

American Hospital

Included and on direct billing for IP + OP services

Cash benefit

AED 500 per day

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Edit Coverage

Select

Please note that these quotes are indicative only and that our agents will get back to you with the final quotation.