



SAUDI ARABIA • MEDICAL INSURANCE

APPLICANT DETAILS

Full Name as in Passport:

Phone:

Email:

Arrival Date in KSA:

PO Box Address in KSA:

Phone Number in KSA:

ALL APPLICANTS:

Please select the appropriate box:

| | | |
|--|-----|----|
| Are you currently admitted to hospital or receiving emergency medical treatment? | Yes | No |
| Have been in an accident that caused permanent injury or disability? | Yes | No |
| Do you have any congenital disorder? | Yes | No |

FEMALE APPLICANTS ONLY:

Please select the appropriate box:

| | | |
|--|-----|----|
| Are you currently pregnant? | Yes | No |
| If yes, is the pregnancy an outcome of assisted means of conception such as IVF or hormonal induction? | Yes | No |
| If pregnant, how many months are you pregnant? | | |

Date:

Signature: