AL SAGR NATIONAL INSURANCE COMPANY

شركة الصقر الوطنية للتأمين

EBP / Enhanced [SME] MEDICAL QUOTATION

FOR LSB & Non LSB SEGMENT

عرض التأمين للشركات الصغيرة والمتوسطة / محسن

For

لأمر

M/s. **HOOK GENERAL TRADING L.L.C** **السادة**

Serviced By - MOUSTAFA ABDELAZIZ MOUSTAFA ABDELAZIZ

DISCLAIMER: This document is issued for the purpose of quotation only and is not considered in any shape or form as an official contract or insurance policy

تنويه: تصدر هذه الوثيقة لغرض العرض فقط، ولا تعتبر في أي شكل من الأشكال على أنه عقد رسمي أو وثيقة تأمين.

Quote generated on: **08/04/2026**	Valid up to: **08/05/2026**	Coverage start date: **8-Apr-26**

ASNIC | Al Sagr National Insurance Company

Tel: + 971 4 7028610 & Fax: +9714-3968442

Email: asnicmedical@alsagrins.ae

Website: www.alsagrins.ae

EBP Segment - Indicative Quote

Client Name	HOOK GENERAL TRADING L.L.C

Client Name	HOOK GENERAL TRADING L.L.C				
Source / Agent	MOUSTAFA ABDELAZIZ MOUSTAFA ABDELAZIZ				
Quote Issued On	08/04/2026	Valid up to:	08/05/2026	Coverage start date:	8-Apr-26
As per census count is below 50 lives, 01 or 02 Categories are applicable					
Choose TPA	MADALLAH				
Plan Type- Cat A	EBP - Enhanced		Product Validated	Plan 4 (Al Madallah)	

Key Benefits of Selected Plans			
Key Benefits	**Plan Type- Cat A**		
Selected Plan	**Plan 4 (Al Madallah) (MADALLAH)**		
Annual Limit	AED 150,000.00		
Network	AM-Access OP Allowed in Hospitals		
Referral (GP to SP)	GP referral to SP		
IP Copay	100% Covered		
OP Consultation	20% Max AED 25/- Copay by Member		
OP Services	10% Copay by Member		
OP Medicines	10% Copay ,with Limit of AED 7,500/- PPPY		
OP Accessibility	OP & IP allowed at Hospitals (OP@Hospital-20%)		

Category - A (LSB) (Premium By ageband) - Plan 4 (Al Madallah) (MADALLAH) EBP - Enhanced						
AGE BAND	LSB			Non-LSB/HSB		
	# Lives	Rate/Person	**Total Premium**	# Lives	Rate/Person	**Total Premium**
0-6		1406				
07-17		1406				
18-30	11	1406	15466			
31-40	13	1406	18278			
41-50	4	1406	5624			
51-55		1406				
56-59		1406				
60-65	1	1406	1406			
Above 65		1406				
TOTAL	**29**		**40774**			
Grand Total of Category A (LSB)				**29**	**AED 40774**	

Category - A1 (HSB) (Premium By ageband) - Plan 4 (Al Madallah) (MADALLAH) EBP - Enhanced						
AGE BAND	LSB			Non-LSB/HSB		
	# Lives	Rate/Person	**Total Premium**	# Lives	Rate/Person	**Total Premium**
0-6				1	1406	1406
07-17					1406	
18-30					1406	
31-40				1	1406	1406
41-50				1	1406	1406

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51-55					1406	
56-59					1406	
60-65					1406	
Above 65					1406	
TOTAL				**3**		**4218**
Grand Total of Category A1 (HSB)				**3**	**AED 4218**	

PREMIUM SUMMARY		
*PREMIUM TOTAL	**AED 44,992.00**	
Additional Charges based on Visa (BASMAH-AED 37,HCV,ICP)	**#Lives - 32**	**AED 1,184.00**
*PREMIUM GRAND TOTAL	**AED 46,426.00**	
TOTAL NUMBER OF MEMBERS	**32**	
*POLICY ISSUANCE FEES	**AED 250.00**	
*Additional 5% VAT will be applicable on the total premium.		
BASMAH Charges will be applicable for Dubai Visa holders -AED 37/- PP and ICP Charge wil be applicable for Non Dubai Visa (Abu Dhabi & NE) - AED 28/- PP, ICP will be effective from 14/05/2023.		

NB: Members 65 years and above need to fill Medical Examination form (individual form)

NB: Group Health Declaration form required (As Availed along with this quote)

Types of Visa holders by overage	A	B	C	Total
Dubai Overage member	0	0	0	0
NE Overage member	0	0	0	

Types of relation	A	B	C	Total	Dependency ratio-%
Principal	30	0	0	32	6.25%
Spouse	1	0	0		
Child	1	0	0		

Types of Visa Holder	A	B	C	Total
Total Dubai Visa	32	0	0	32
Total NE Visa	0	0	0	

Special Terms and conditions:

1. All overage (Age 65.00 and above) cases need to be referred to the underwriter with the Health Declaration form.
2. Group Declararation form need to be filled and submitted(any critical illness declaration will need to be submitted with detailed MAF)
3. The offer provided is on compulsory basis for all employees. If dependents are to be insured, all depenents have to be included and not on selective basis.
4. All employees should be actively at work at the time of enrolment to the policy and holding UAE valid residence visa. (No Anti selection is allowed. All employees need to be covered as per MOL list)
5. All employees dependent (Wife + Children) should be covered on compulsory basis and holding UAE valid residence visa. (If dependant cover is required, all dependants need to be included.)
6 .Policyholder should notify the insurance company with any new addition / deletion within maximum 5 days from visa stamped date.
7. Following Groups are not Eligible for these Plan Rates: (Need to approach Insurer for Quotation):-
University/Nursery/School Teachers and Staff/Students, Medical Providers (Medical Centres/Hospitals/Pharmacies), Associations/Clubs/Religious Groups, Insurance Companies/TPAs/Brokers & Legal Firms
8. The rating structure for this scheme is based on the portfolio performance. No claims utilization will be provided.
9. Rate will be booked on Age Band, all addition and deletion will be following the same process.
10. The Plan is valid for employees minimum 11 and upto 300 lives for Nextcare TPA and other terms, conditions & exclusions

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remain the same as per Al Sagr Standard Terms and conditions.

11. These plans are not applicable for persons holding Abu Dhabi visa.

12. Any change in the above membership will require re-calculation of the premium (re-quoting).

13. If the addition /Deletion exceeded 15% of the total policy membership, ASNIC has the right to adjust premium, terms & Conditions of the whole plan.

14. For Addition of members:

Group size below 50 lives - MAF is mandatory for any new additions. 6 month waiting period as per DHA law and COC.

Group size above 50 lives - MAF is mandatory for addition above 1month from visa issuance date and not mandatory if added within 1 month of visa issuance date. 6 month waiting period as per DHA law and COC.

15. This terms applicable for Group, those currently insured under DHA EBP / Enhanced Plan members only.

16. Premium Payment Mode: Annual in advance.

17. NE Plans, will be applicable only for NE (Sharjah, Ajman, Umm Al Quwain, Ras Al Khaima & Fujairah) Emirates Visa holders only.

18. ADDITIONS/DELETIONS - Addition of Members: Pro Rata basis, Deletion of members : Pro Rata basis.

19. These plans are for employees and their immediate dependents only (wife and Children), Parents and Domestic workers are not allowed.

20. All Plans are eligible for LSB and HSB members upto Salary AED 16,000 only.

21. Policies which are insured with Al Sagr Insurance Company (through other TPA) or existing with FMC/E-care/Aafiya Network and due for renewal should be referred to underwriting for approval.

22. These plans are not applicable for persons holding Abu Dhabi visa.

23. Requirements for Policy Issuance

a. Complete Census data (ASNIC - template to policy issuance)
b. Signed quotation along with Acceptance page
c. Updated Trade License copy, VAT Certificate
d. KYC , Health Delcaration form
e. CHI - Continuity of Health Insurance Certificate
f. Updated MOL
g. MOA - memorandum of association & Copy of Establishment Card

24. For plans with hospital access for outpatient services, only select hospitals are allowed for OP.

25. Allowed dependent ratio is 30% of total count, Only one plan for one category of employees, Minimum no of lives per group is 11 lives, per category - 5 employees, Maximum categories limited to 3.

26. The payment for all endorsement(s) should be settled within 30 calendar days from receipt of invoice, unless there is any reconciliation required.

Important:-

Group Health & Overage member's Declarationis mandatory to be completed for all schemes. Failure to complete group health declaration will not allow the insurer to proceed with issuance of policy or acceptance of risk.

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Group - Health declaration (DHA EBP & Enhanced Plans)

Insured Group Name:				
Contact Details - Emirates & Address				
Telephone		E-mail		
Total # of Insured		Profession		
Previously Insured (Yes / No)		Policy Expiring		
Insurance Company				

The following medical conditions need to be declared prior to policy inception. If the answer is Yes to any of the below medical conditions, then the member needs to fill Medical Examination Report for evaluation and medical underwriting:

Type of Conditions / Diseases	Yes	No
Cardiac illnesses Ischemic Heart Diseases or surgeries		
Gastric Liver or pancreatic illnesses or surgeries		
Organ transplants		
Birth defects or deformity		
Joints replacement		
Cancers, Tumors		
Blood disorders		
Bone Fractures / Bone Diseases		
Stroke		
Disc Prolapse (Diagnosed or not Diagnosed)		
Renal / Kidney Diseases		
Any autoimmune diseases (such as but not limited to Rheumatoid Arthritis, Systemic Lupus Erythematosus (Lupus), Inflammatory Bowel Disease (IBD), Multiple Sclerosis (MS), Guillain Barre Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, Psoriasis)		
Have you undergone any surgery in the past or have you been advised to undergo any surgery in the near future?		
Other than above, is there any other medical condition or disorder or any symptoms that should be declared.		

Pregnancy Declaration	Expected delivery date(s)		
Number of pregnant females -In case of declaration, premium is subject to change.	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

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.

Declaration:

1. We hereby declare with respect to both, that to the best of knowledge and belief, the statement on application are full, true and correct and have declared all material facts related to this application.
2. We understand that non-disclosure or misrepresentation of any material fact may invalidate the quoted terms. We agree that all the documents issued in connection with the policy shall be read together.
3. If application gets accepted, we agree to be bound by the terms and conditions of the policy. We hereby authorize any Medical Provider, or any other Company, institution or any other person who has any record or information about members to provide Al Sagr National Insurance Company, with the complete information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other medical information required by Al Sagr National Insurance Company.
4. The Coverage of Health Services provided by Al Sagr National Insurance Company is described in the policy wording. By signing this for, we acknowledge that read, understood and agree to the terms and conditions as stated in the policy wording.
5. Al Sagr National Insurance Company reserves the right to reject any authorization/claims request for conditions (pre-existing, chronic) not declared by the applicant at the inception of the policy.
6. **If any of the above medical conditions is ticked as 'Yes' then it is mandatory to provide Individual Health declaration form / Medical Application Form "MAF"**

Signature:		Date	تاري خ التوقيع

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Health Declaration Form - Group

Group (Policyholder) Name:	
Member (Applicant) Name:	**Gender:**
Date of Birth:	**Nationality:**
Job Title:	**Emirates ID No.:**
Member Enrolment Date:	**Category:**
Height:	**Weight:**

To be filled by the employee.

Member Name	Relation	Date of Birth	Gender	Marital Status
	Employee			
	Spouse			
	Son/Daughter			
	Son/Daughter			
	Son/Daughter			
	Son/Daughter			

Applicant is to fill the below on behalf of himself/ herself and all dependents with details:

Question	Yes	No	Details	Date
Have you ever had any surgical, therapeutic or diagnostic procedures?				
Are you advised to have inpatient treatment in the future?				
Are you suffering or have you ever suffered from a chronic or pre-existing medical condition?				
Are you suffering from any medical condition that requires future treatment?				
Are you suffering from any physical, mental or congenital handicap?				
Are you taking or have ever taken any medications on regular basis				
Are you smoking? If yes how many cigarettes daily.				
Are you currently insured under different medical plan?				
Has your medical application ever been declined, postponed or taken on substandard basis?				
Does any of your relatives (parents, brothers, sisters..etc) suffer from chronic or congenital conditions				

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Are you and your dependents in a good health and free from deformities and defects				
For females only: Are you pregnant?				
Please state your LMP (Last Menstrual Period)				
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.				

Declaration:

I/We hereby declare with respect to both, myself and my dependants that to the best of my knowledge and belief, the statement on application are full, true and correct and have declared all material facts related to this application.
I/We understand that non-disclosure or misrepresentation of any material fact may invalidate the quoted terms. I/We agree that all the documents issued in connection with the policy shall be read together.
If my application gets accepted, I/We agree to be bound by the terms and conditions of the policy. I/We hereby authorize any Medical Provider, or any other Company, institution or any other person who has any record or information about me and/or any of my family members to provide Al Sagr National Insurance Company, with the complete information, including copies of theirrecords with reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other medical information required by Al Sagr National Insurance Company.
The Coverage of Health Services provided by Al Sagr National Insurance Company is described in the policy wording. By signing this for, I/We acknowledge that I/We read, understood and agree to the terms and conditions as stated in the policy wording. Al Sagr National Insurance Company reserves the right to reject any authorization/claims request for conditions (pre-existing, chronic) not declared by the applicant at the inception of the policy.

Applicant Name and Signature: Policy holder Seal and Signature: Date:

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الصقر للتأمين
AL SAGR INSURANCE

Acceptance Note

رسالة الموافقة

Hereby we accept the above Quotation:

نحن نوافق على ماجاء العرض أعاله

Cover Start date	From من	To إلى	تاريخ بداية التغطية

Name		االسم
	(Authorized Signatory) المخول بالتوقيع /	

Designation		المنصب الوظيف

Signature		Date	تاريخ التوقيع

Company Seal		ختم الشركة

Mode of Payment	To be Agreed	طريقة الدفع