



AKMG EMIRATES FAMILY MEDICAL INSURANCE SCHEME

PERSONAL DETAILS FORM

Name : _____ Chapter: _____

Membership No.: Life Member SSS Member

Details: (In Capital Letters)

Name: _____ Age: _____ Sex: _____ Date of Birth: _____

PO Box No..... City/Emirate.....Mobile No.....

Phone No.....Fax.....E-mail id.....

Details of Family Members to be insured:

Name	Age	Sex	Date of Birth
Spouse: _____			
Children:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Dependants under your sponsorship (Parents/in laws/grandchildren) can also be included if under 65 years of age.

Premium:	
Member:	Dhs. 740
Spouse:	Dhs: 740
Children:	
Under 17	Dhs. 585
Above 17	Dhs. 740
Please make cheque for total amount payable to Sun Insurance Brokers and write your name and chapter and family members' names on the back of the cheque	

Eligibility
<ul style="list-style-type: none"> Only for Life Members and/or SSS members of AKMG Should have valid UAE Residence Visa Should not be over 65 years

Please enclose:
<ul style="list-style-type: none"> Passport size photos – yours and family members –with names written on the back of the photo Passport Copies with residence visa page of all family members Cheque for total amount <p>For details about this Group Insurance Scheme, see our website <i>akmgemirates.org</i> or call your Chapter Secretary</p>

Cheque Details:
Amount: Dhs. _____ Cheque No. _____ Date. _____ Bank & Branch _____

Temporary Receipt(To be filled in By Chapter Secretary/ Representative) and given to member

Received from Dr. _____ Cheque No. _____ for Dhs. _____ towards Family Medical Insurance.

Name: _____ Date: _____ Signature _____