



PROPOSAL FORM for GROUP LIFE TAKAFUL

1. Company's Name

2. Company's Nature of Business

3. Company's Address

P.O. Box _____ Emirate _____ Phone _____ Fax _____

4. Definition of Scheme Members

Please provide an updated list of members showing their names, dates of birth, genders, occupations, salaries and Takaful Sum

5. Takaful Sum Details

Currency : AED Takaful Sum Criteria Flat Amount Takaful Sum Amount _____
 Multiple of Salary X 12 X 24 X 36 X 48

6. Benefits to be Covered

- Death any cause
 Additional Accidental Death
- Permanent Total Disability Accident Only Accident and Sickness
 Permanent Partial Disability Accident Only Accident and Sickness
- Temporary Total Disability (Accident Only): 7 days Waiting Period 14 days Waiting Period
- Accidental Medical Expenses Enter Amount: _____ Maximum AED 50,000
 Repatriation Expenses Enter Amount: _____ Maximum 10% of Life Takaful Sum
 Critical Illness Yes No

7. Previous Claims History (3 years)

8. Any Other Information

Year	No. of Scheme Members	Outstanding Claims		Paid Claims	
		Death	Disability	Death	Disability

9. Declaration

We hereby declare that to the best of our knowledge and belief the above particulars are true and complete and full information has been disclosed. We understand that non-disclosure or misrepresentation of any fact may invalidate the quoted terms.

Name _____ Signature _____
Position in Company _____ Date _____