

### SME Group Declaration Form

A. Have you changed insurance companies for the past 3 years?

Yes  No

B. Have the company's premium per member increase by more than 10% in any year of the past 3 years?

Yes  No

C. Questionnaire

No	Questions	Yes/ No	Number of Members	If yes, please provide more details
1	Was any employee on a sick leave for more than a consecutive 7 days for the past 12 months?			
2	Have any of the members been diagnosed with any of the following chronic diseases such as but not limited to: Cancers of all types, Cardiac Surgeries, Stroke, Renal Failure, Rheumatoid Arthritis treatment, Osteoarthritis treatment, COMA, Liver Cirrhosis, Organ Transplants, multiple sclerosis, or any Autoimmune disorders. In addition to any ongoing admissions, or in case of currently hospitalized members, or any expected hospitalization and surgeries			
3	Is there any employee or their dependent, who is pregnant or undergoing Maternity related complications?			
4	Is there any employee or their dependent have treatment above 3000/- pharmacy medicine per month?			

D. Declaration

- a. We Certify that after consulting all Employees and their dependents (provided that the list is as per the Ministry of Labor), the above and all declared information are correct and no material information is hidden.
- b. We certify that Takaful has the right to reject the coverage/claims in full in case of no declaration of any case prior to the contractual date or before enrolling or adding a new insured during the Contract.
- c. In case the questions in the above questionnaire table are all "NO" we certify that these questions are read and understood.

**N.B. For health records confidentiality purpose, HR team can circulate the above questions to all their employees and ask them to share their answers (in case anything is to be declared by the employee) directly with ADNTC. Answers can be sent to [Medical.UW@takaful.ae](mailto:Medical.UW@takaful.ae) and [Osama.Aldeen@takaful.ae](mailto:Osama.Aldeen@takaful.ae)**

Authorized Signatory Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Stamp:

**ADNTC Decision:**