

Insurance application form Cedar Care Program

For administrative use
Sales intermediary number
Policy number

First name _____ Father's name _____ Last name _____

Persons to be insured

Family members	First name	Sex	Date of birth	Nationality	Passport number
Insured		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Children		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Employees	Full name	Sex	Date of birth	Nationality	Passport number
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

Place of residence

Country / City	Telephone / Mobile
Street / Building / Floor	Postal Code
	E-mail

Period of stay in Lebanon / Syria from ___ / ___ / ___ to ___ / ___ / ___

Place of residence in Lebanon / Syria

Address	
Telephone	
Mobile	

In case of emergency, contact

Name	Telephone
Address	Mobile

I the undersigned, requesting insurance, declare that the above-mentioned information regarding myself and any other person insured in virtue of this contract are the basis of the contract to be concluded between the insurance company and myself. Any false answer or non-disclosure of facts about me and any other person insured in virtue of this contract that had to be declared to the insurance company gives the said company the right to deny my right or our rights to any benefit as of the date of effect of the contract without refunding the premiums settled and ask MedNet and its delegates to inform my treating doctor, within their capacities, of all the information they have about my health and that of any other person insured in virtue of this contract. I declare that I have read the policy terms and exclusions.

Date

Signature