

STUDENT HEALTH INSURANCE APPLICATION

Academic Year 2010 -11

Name: _____ D.O.B _____
Sex: M / F Nationality _____
Height: _____ Weight: _____ Blood Group _____ PP No: _____
Visa Status: BITS / Others, Specify _____
Mobile No: _____ Email: _____

Photo
Application without
passport size color
photograph will not be
accepted

PARENT DETAILS

Name of the Parent _____
Emergency Contact No _____
Address _____
Ph (Off): _____
Ph (Res): _____
Mobile: _____
Email: _____

LOCAL GUARDIAN DETAILS

Name of the Guardian _____
Emergency Contact No _____
Address _____
Ph (Off): _____
Ph (Res): _____
Mobile: _____
Email: _____

It is mandatory for all the students to obtain health insurance valid in UAE.

1. Is the student suffering from any chronic disease?

If yes, details: _____

2. Is the student under medication? If yes, details _____

ACKNOWLEDGEMENT AND ACCEPTANCE

- ❖ I wish to avail comprehensive health insurance policy from OIC and agree to pay the premium of Dhs 1,550/- * towards health insurance per year.
- ❖ I will comply with the terms, conditions and limits of the OIC health insurance policy.
- ❖ I understand that the BITS, Pilani - Dubai (BPD) is only a facilitator between OIC and student and BPD is in no way responsible for any action on the part of the OIC regarding the claim settlement. BPD and its officials are free from any liability of the same.
- ❖ I also submit the below mentioned documents for my comprehensive health insurance from OIC:
 - (a) Two passport size photographs
 - (b) Passport copy with valid UAE residence visa stamped page
 - (c) Receipt for health insurance payment.

I hereby declare that the above statements are true and complete.

Signature of Student

** Covers 20% coinsurance for all dental services upto AED 2000/- per annum.*

FOR OFFICE USE

Following documents are received and forwarded to Dean - Student Welfare:

- (a) Two passport size photographs (b) Passport copy with valid UAE residence visa stamped page
(c) Receipt for health insurance payment (d) Student Health Insurance Application **

Student College ID:

Signature of In-charge - Registration

*Documents (a to c) are forwarded to Accounts Dept.
to obtain Student Health Insurance Card*

*Documents (a to c) are received for
Comprehensive Health Insurance*

Dean - Student Welfare

Accounts Dept.

**** Student Health Insurance Application will be retained
with Dean - Student Welfare for records.**

**Student acknowledgement of their health
insurance card has to be retained with Accounts Dept.**