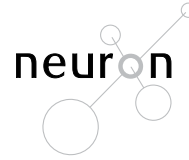


APPLICATION FOR NEURON SERVICES

Please complete this form in block capitals using black ink



IMPORTANT INFORMATION ABOUT THE NEURON SERVICE

The Neuron card enables your employees, and their eligible dependants to receive **covered** treatment from Neuron's extensive network of medical service providers. By **covered** treatment, we mean treatment that is covered by your Global Health plan in respect of a medical condition that is eligible for benefit under your Global Health plan, subject to any benefit limits that may be applicable.

When your employees present their card to a provider within the Neuron Network, they will only be asked to pay the excess amount shown on their card. The excess amount is normally only applied in respect of each doctor's visit. Treatment will be provided without the member having to make any other payment. The provider will submit their bill direct to Neuron, and Neuron will settle it directly with the provider.

Neuron is contractually obliged to settle all bills they receive from medical service providers within their network. This means that your employees and their dependants have an obligation only to use their card for eligible treatment that is covered by your Global Health plan. If they are in any doubt about what is eligible, they should contact Neuron, or our Claims Team, to check **before** they have their treatment. It is very important that you, and they, understand the implications of using the Neuron service.

Dubai Insurance Company psc ("DIC") reserves the right to reject any application for Neuron services, at its sole discretion.

WHEN AN EMPLOYEE LEAVES YOUR EMPLOYMENT

When an employee leaves your company you must retrieve their card, and the cards issued to their family members. If you do not, the ex-employee could continue to present their card to network providers, and you will be liable for any costs they incur after the date they leave your employment. Accordingly, we will only cancel an employee's cover from the date on which you return their card(s) to us, so it is important that you return the card(s) to us quickly. You will continue to be charged premium until the date that the card(s) are returned to us.

Any bills for treatment received after the date the employee leaves your employment, will be your responsibility, and DIC shall be entitled to recover from you all costs and/or liabilities incurred by Neuron and/or by DIC in respect of such bills.

WHEN A MEMBER CLAIMS FOR TREATMENT THAT IS NOT COVERED BY YOUR PLAN

When a member presents his or her card for a treatment or service that is not covered by your Global Health plan, or incurs costs that are not covered by your Global Health plan, you will also be liable for his or her ineligible claims and/or ineligible costs incurred. This could arise when a member uses his or her card to pay for treatment of a medical condition that is not eligible for benefit under the plan, or a medical treatment that is not covered by the plan, or treatment costs which exceed any applicable benefit limit (including any annual benefit limit that may be applicable).

You will be responsible for any ineligible claims made by your employees and/or their dependants. To assist you, as soon as we are made aware of an ineligible claim, we will write to the employee to ask them to repay to us the ineligible expenditure. If the employee fails to repay the ineligible amount claimed to us we will require that they return their card(s) to us immediately. We will then recover from you the ineligible amount claimed.

WITHDRAWAL OF THE NEURON CARD

If a member makes more than one ineligible claim we will require that they return their card, and the cards issued to their family members. Future claims will have to be submitted to DIC for consideration in accordance with the claims procedure in Section 5 of the Global Health plan agreement.

APPLICATION FOR NEURON SERVICES

We hereby apply for direct billing through the Neuron Network. We fully understand the implications to the company of using the Neuron services, as explained above, and we understand that we will be liable for any ineligible amounts claimed by our employees, and/or their eligible dependants through the Neuron Network of medical providers, and we hereby agree to fully indemnify DIC if DIC are unable to obtain repayment from our employees within 30 days of such request.

We will inform DIC immediately of all employees who leave our employment, and we agree that we will retrieve their cards, including the cards issued in respect of any employees' eligible dependants, and we will return these cards to DIC without any delay.

We understand that any credit issued by DIC in respect of any premium refund due following the termination of employment of any employee, will be calculated from the date their card(s) are returned to or received by DIC, (whichever is later).

We hereby agree that we will ensure that all of our employees are fully aware of the benefits that are covered, and all of the treatments and conditions that are not covered by our Global Health plan, or that are subject to limits (including annual limits) under our Global Health plan. We agree to provide all of our employees with all employee documentation issued to us by DIC.

Name (Please print):

Position in company:

Signature:

Date:



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