

# Cancer Care Insurance

## Applicant Information

Application no. \_\_\_\_\_

/ V7

Full Name: ..... Preferred Coverage Option  20,000  30,000  40,000  50,000  
 Date of Birth (DD/MM/YY): ..... Date of Membership: .....  
 Nationality: ..... Membership no.: .....  
 National ID no. for Jordanians / Passport no. for non-Jordanians ..... Annual Premium: .....

## Full Address

City: ..... Street: ..... Bldg./House no.: ..... Mobile Phone: .....  
 Email: ..... Home Phone: ..... Work Phone: .....  
 Preferred Contact Method: ..... Preferred Membership Card Collection Method: .....  
 How did you hear about the Insurance? ..... Name of Sales Representative: .....

## Members to be included in the subscription: (Under the age of 18)

| Full Name | Date of birth (dd/mm/yy) | Relation | National ID no. for Jordanians<br>Passport no. for non-Jordanians | Nationality | Coverage amount | Annual premium |
|-----------|--------------------------|----------|---|-------------|-----------------|----------------|
|           |                          |          |   |             |                 |                |
|           |                          |          |   |             |                 |                |
|           |                          |          |   |             |                 |                |

- I, the undersigned, hereby verify on my behalf and on behalf of my family members under the age of 18, that: 1) I and my family members under the age of 18 who are included in this application are currently free of and have never been diagnosed with cancer. If proven otherwise, I understand and accept that the King Hussein Cancer Foundation ("Foundation") /Cancer Care Insurance ("Insurance") will cancel my/our membership and in such case, I wholly and irrevocably agree to reimburse any financial expenses incurred by the Insurance/Foundation to cover my treatment or the treatment of any family members included in this application.
- I have fully read and reviewed all the terms and conditions of the Insurance and its benefits provided in the event of being diagnosed with cancer or lack thereof (as outlined in this application) and I agree to all its contents.
- In the event that I or any family members included in this application are diagnosed with cancer, I agree to immediately inform the Insurance's administration. I understand that in the event that I do not inform the Insurance, I lose the right to benefit from any treatment coverage after the expiry of my membership.
- I irrevocably authorize my treating physician and any medical institution, commission, or person who has knowledge or information regarding my medical history or that of any family members included in this application to release this information to the Insurance, including hospital records or any other medical records which may be relevant to consultations, diagnoses or treatments.
- I certify that all the information provided in this application and its attachments is complete and correct and understand that it constitutes an integral part of the approval and authorization process. I understand that it is my responsibility to inform the Foundation / Insurance of any changes to the information provided in this application.
- Should the Foundation / Insurance approve my/our membership, I understand that this application is considered the basis for this approval and its validation. And any information that has been concealed in order to obtain the Foundation / Insurance's approval will cause my/our membership to be immediately canceled.
- I am fully aware that in the case of failure to pay any of the due installments included in my application within ten days from the day following the due date of the payment, then the Insurance has the right to cancel the insurance coverage and subscription of the beneficiary / beneficiaries included in my subscription. I am not entitled to claim any previous sums of money that were paid from the subscription value without the need for any prior warning or excuses.
- This Agreement and all Insurance membership rules and conditions adhere to current Jordanian laws. Any dispute in connection with this agreement shall be settled by Amman Court (Palace of Justice).

I, the undersigned, undertake that I and any family members included in this membership application are fully aware of all membership conditions in the Cancer Care Insurance, and agree to any approval or authorization decisions for membership number ..... In the event that any wrong or misrepresented information I have provided results in the cancellation of my/our cancer treatment coverage, I agree to reimburse the Insurance for any and all expenses paid for my treatment or the treatment of any family members included in this application.

Name: ..... Signature: ..... Date: .....

## 1. General Membership Conditions

1. No member has a current or previous diagnosis of cancer.
2. For members who subscribed for the first time, they can benefit from the coverage through the second party in the event of a proven cancer diagnosis six months after the starting date of their membership only.
3. The annual membership fees according to age group are outlined in the table below:

| Age Group | Annual membership costs (JD) |           |           |           |
|-----------|------------------------------|-----------|-----------|-----------|
|           | 20,000 JD                    | 30,000 JD | 40,000 JD | 50,000 JD |
| 0-59      | 40                           | 60        | 80        | 100       |
| 60+       | 200                          | 300       | 400       | 600       |

4. In the event of a cancer diagnosis, the Insurance will provide treatment coverage based on the coverage option selected by each member from the table above. The patient can benefit from treatment coverage exclusively at the King Hussein Cancer Center ("Center"), and for one time only.
5. The Foundation / Insurance has the right to request medical exams from any applicant (at his/her own cost) prior to accepting their application.
6. The Foundation / Insurance is entitled to refuse any membership applications if proven that the applicant has previously been diagnosed with cancer.
7. The Foundation / Insurance is entitled to cease accepting new membership applications at any time for any reason and for any period as decided by the Foundation's administration, while retaining the right to renew the membership agreements of existing members.
8. The membership agreement is valid for one year from the start date of this Agreement and upon the payment of the relevant membership fees.
9. Members may increase their coverage limit upon the annual membership renewal. The coverage limit cannot be increased while the membership agreement is still in effect.

## 2. General Membership Renewal Conditions

1. The Foundation / Insurance is entitled to adjust the membership fees and/or membership conditions outlined in this application upon renewal of membership.
2. Membership may be renewed for an additional year according to the rules and conditions outlined in this application and/or according to any adjusted membership conditions. If a member pays the membership fees for an additional year, this is considered tacit agreement to the new membership conditions.
3. Upon the completion of the membership period, members must contact the Insurance in order to renew membership, pay the membership fees for an additional year, and receive a new membership card.
4. Membership must be renewed on or before the date of expiry of the existing membership agreement. If membership is not renewed by the last day of the existing membership agreement, a new application form must be submitted and the application will be subject to all rules and conditions applied to first-time applicants.
5. Under no circumstances may a member renew their membership if they have been diagnosed with cancer.
6. If it is revealed that a member was diagnosed with cancer, did not inform the Insurance, and tried to renew their membership, the Insurance will cancel their membership and any subsequent renewal will be considered void.
7. Members receiving treatment coverage through the Insurance cannot renew their membership, but have the right to keep receiving treatment until the coverage amount is fully consumed.
8. With approval from the Foundation / Insurance and subject to the same terms and conditions, members can subscribe for an additional year at the time of application by paying the full membership fee for the second year in advance.

## 3. Conditions of membership in the Insurance in the case of cancer diagnosis

1. Any examinations, treatment procedures, laboratory tests, or diagnostic imaging for cancer must be performed at the Center by its approved physicians. The Insurance will not cover any expenses incurred by a cancer patient in any facility other than the Center or outside Jordan.
2. The Foundation/Insurance will not cover any expenses or procedures for any disease other than cancer.
3. The Insurance covers basic accommodation at the Center. If a patient wishes to stay in upgraded accommodation, s/he must pay the price differential to the Center for this upgrade.

## 4. Benefits of membership in the Insurance for non-cancer cases

1. Members are eligible to receive a 20% discount on any endoscopy procedure, X-ray, ultrasound, or any other medical imaging and any laboratory examination at the Center, other than in the case of cancer.
2. Members over 18 years of age are eligible for one free physical examination at the Early Detection Clinic at the Center each year.
3. The Foundation / Insurance has the right to adjust or cancel the amount of the discount in article 4.1 above at any time and without prior notice. This change will be enforced upon renewal of this Agreement.