dubai first
you're always first

Credit Card FREE Life Insurance (only for Visa Card)

As a Dubai First Visa cardmember, you can get free life insurance of AED 50,000 for a Visa Gold credit card and AED 20,000 for a Visa Silver credit card. To enroll for this benefit, please fill out the health declaration form below.

Health Declaration

I would like to be covered under the free life insurance benefit, offered to Dubai First Visa cardmembers.

I understand and agree that the life insurance benefit provided is administered based on specific terms and conditions applicable.

This is to declare and certify that:

- I am in good health and actively at work ☐ Yes ☐ No
- I have not been diagnosed or received any treatment in respect of any critical illness* ☐ Yes ☐ No
- I have not been hospitalised for 10 days continuously, in the last 5 years ☐ Yes ☐ No

(If your answer to any/all of above is "no" please provide details)

_____

*"Critical illness" referred to herein shall mean cancer, stroke, coronary artery by-pass surgery, heart attack, myocardial infarction, kidney failure, multiple sclerosis, benign brain tumour and insulin dependent diabetes.

Nomination of Beneficiary

I would like to nominate the following person as the beneficiary for the Life Insurance benefit:

Beneficiary Name: _____ Telephone No: _____

Relationship with Beneficiary: _____

I also understand that the specific terms and conditions will suitably be intimated to me. On review of the declaration by the insurance company, if for any medical reason(s) the insurance company chooses not to extend the life insurance cover, I understand and agree that the life insurance cover will be available for accidental death. I shall forego any claim under insurance if this declaration is proved to be wrong.

Customer's full name: _____

Customer's signature: _____

Place: _____ Date: ____/____/____ (DD / MM / YY)

Visa Card no.: | | | | | | | | | | | | | | | | |

Please fax this application to 04-506 8422

Terms and conditions apply.

For Dubai First use only:

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Remarks: _____

Name and Signature of Dubai First staff: _____

Date : ____/____/____ (DD / MM / YY)

Insurance Company Use Only

Recommendation: _____

☐ Repairable ☐ Not Repairable ☐ Sent to Service Center

Date ____/____/____ (DD / MM / YY)

Signature of Dubai First staff: _____

Dubai First Pvt JSC, PO Box 111656, Dubai, UAE