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| 1. Are you currently pregnant?
If "Yes", have there been any complications to date? Please provide details below: | Yes | No |
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| 2. Last Menstrual period date: | | |
| 3. Are you currently trying to get pregnant? | Yes | No |
| 4. Are you undergoing any form of fertility treatment? | Yes | No |

Important: I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer.
The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.

I hereby declare that full information has been disclosed and the above is true and complete to the best of my knowledge. I understand that non-disclosure or misrepresentation of any fact may lead to the rejection of claims and/or the cancellation of the insurance policy.

Date: _____ Signature: _____

National Takaful Company (Watania) PJSC is the licensed insurer of plans designed by Morgan Price International Healthcare in the United Arab Emirates