

Individual Business Quotation Tool

Quotation Issue Date	27/10/20254	(DD-MM-YYY)
Policy Effective Date	26/11/2024	(DD-MM-YYY)

S. No.	Member's Name	Member Status Principal/Dep.	Date of Birth dd/mm/yyyy	Age	Gender Male/Female	Height (in cm)
1		Principal	20/01/1995	30	Male	178
2		Dependant	10/10/2001	23	Female	160
3		Dependant			Female	150
4		Dependant			Female	120
5		Dependant			Male	100
6		Dependant			Female	90
7		Dependant				
8	اسعار هذا العرض مشروطه بعدم حدود					
9	اي تغيرات مستقبلية على اجور نقابة					
10	والتي في حال تطبيقها سخفض العقد لزيد					
11	الاسعار بنسبة 15%من تاريخ تطبيق ال					

Insurer Loading	21.0%
Broker Loading	0.0%
TPA Loading	0.0%
Total Loading	21.0%

Stamp Fee	1.0
Issuance Fee	-6.0
Flat Amount	0.0



Weight (in kg)	BMI	UW Assessment	Net Risk Premium	Net Premium
100	31.6		230.83	292.18
60	23.4		264.24	334.48
40	17.8			
30	20.8			
30	30.0			
20	24.7			

50%
00%
35

Inpatient

Choose Plan

:

Hospital Class

:

Annual Limit

:

Territory of Coverage

:

IP Copay

:

IP Deductible

:

Cancer

:

Maternity

:

Outpatient

No. of SOAPs

:

Consultation

:

Pharmacy

:

Diagnostics

:

Physiotherapy

:



## Required Benefit

☐ IP ONLY

☐ FAP Superior ☒ FAP Classic ☐ Fap Quality

☐ Class X ☒ Class A ☐ Class B ☐ Class C

1,000,000 JD

Per Case Limit

7500

Jordan

No Copay

☒ NIL ☐ 200 ☐ 500

☒ Covered ☐ Not Covered

☒ Covered ☐ Not Covered

Annual Limit

Unlimited

10 SOAP

☒ Covered ☐ Not Covered

PC

0%

☒ Covered ☐ Not Covered

PH

20%

☒ Covered ☐ Not Covered

Copay

20%

☒ Covered ☐ Not Covered

Copay

20%











