Annual renewal application form for qualifying an insurance company

Honorable Secretary General of the respected Cooperative Health Insurance Council

We are a company / authorized number
Date / / 14h or / / 20m By working in the Kingdom of Saudi Arabia and practicing insurance activity, we submit a request to renew the annual qualification to practice cooperative health insurance business, and we commit to the following:

1- Providing services to the insured according to professional and ethical standards that are consistent with accepted and recognized modern medical methods, taking into account the progress achieved in the field of medicine.
2- Abide by all the provisions of the cooperative health insurance system, its implementing regulations, the unified document, and the decisions or instructions issued by the Council of Cooperative Health Insurance at any time.
3- The company does not deal with health service providers who are not accredited by the Council, including non-accredited In-House clinics.
4- All information provided and attached to this application is correct.
5- The obligation to notify the Council of any important information or changes affecting the work within (15 working days) as a maximum, when new information becomes available or change occurs, and to inform you of all records and documents upon your request for any additional information at any time.
6- The obligation to notify the Council of any information or changes in the manual of work policies and procedures contained in the rehabilitation requirements.

Managing Director

The name: Date / / 20m
Signature:

Official Seal The ratification of the Chamber of Commerce