



No.: 00000

Membership Copy

#1 Personal Information

Basic Information

Full name: Preferred Coverage Option: 10,000 15,000 20,000 30,000
 Date of birth (DD/MM/YYYY): Date of Application:
 Nationality: Membership number:
 National ID #/ (Other ID for non-Jordanians): Annual Premium:

Full Address

Street name: Area: City:
 PO Box: Post Code: Tel (home):
 Tel (work): Mobile: Email:

How did you hear about the Program?

Friend Newspaper (please specify): Publication Email Employer
 Employee of the King Hussein Cancer Foundation or Center (please specify name)
 Other.....

#2 Family members to be included (under 18 years of age)

Full name (DD/MM/YY)	Date of Birth	Relation	National ID number (or other ID number for non-Jordanians)	Coverage Amount	Nationality

Are you a smoker? No Yes Number of years you have been a smoker: Number of cigarettes you smoke daily:
 Have you ever had an early detection test? No Yes Type of test taken: Date of test:
 Have any of your family members or relatives ever had cancer? No Yes
 Relation to you: Type of disease:

I, the undersigned, hereby verify on my behalf and on behalf of my family members under the age of 18, that :

- 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/ Cancer Care Program will cancel my/our membership and in such a case I wholly and irrevocably agree to reimburse any financial expenses incurred by the Program/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 Cancer Care Program, and the 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 Program administration. I understand that in the event I do not inform the Program, 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 King Hussein Cancer Foundation Cancer Care Program, including hospital records or any other medical records as related to consultations, diagnosis or treatment.
- I certify that all the information provided in this application and its attachments is complete and correct and understand that it forms an integral part of the approval and authorization process. I understand that it is my responsibility to inform the King Hussein Cancer Foundation/ Cancer Care Program of any changes to the information provided in this application.
- Should the King Hussein Cancer Foundation/ Cancer Care Program approve my/our membership, I understand that this application is considered the basis for this approval and its validation.
- Any information that has been concealed in order to obtain the King Hussein Cancer Foundation/ Cancer Care Program's approval will cause my/our membership to be immediately canceled.
- This Agreement, and all Program 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 Program, and agree to any approval or authorization decisions for membership number..... In the event that any wrong or misrepresented information I have provided causes my/our cancer treatment coverage to be canceled, I agree to reimburse the Program for any and all expenses paid for my treatment or the treatment of any family members included in this application.

Name: National ID:
 Address: Date: Signature:

#1 General Membership Conditions

1. No member can have, or be previously diagnosed with cancer.
2. Members can start to benefit from treatment coverage after a specific waiting period, as outlined in the table below:

Nationality	Waiting Period
Jordanians	Six months
Non-Jordanians	Nine months

3. The annual membership fees according to age group are as per the table below:

Age Group	Annual membership costs (JOD)			
	For JD 10,000 Coverage	For JD 15,000 Coverage	For JD 20,000 Coverage	For JD 30,000 Coverage
0 - 34 years	13	19	25	50
35 - 49 years	33	48	65	100
50 - 64 years	58	85	115	200
65+ years	85	130	175	400

4. In the case of a cancer diagnosis, the Cancer Care Program will provide treatment coverage based on the chosen coverage. The patient can benefit from treatment coverage exclusively at the King Hussein Cancer Center, and for one time only.
5. The Foundation/Program has the right to request medical checkups from any applicant (at his/her own cost) prior to accepting their application.
6. The Foundation/Program is entitled to refuse any membership applications if proven that the applicant has previously been diagnosed with cancer.
7. The Foundation/Program is entitled to cease accepting any new membership applications at any time for any reason and for any period as decided by the King Hussein Cancer 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 the Agreement and upon the payment of the relevant membership fees.
9. Members may increase their coverage limit upon the annual membership renewal and the membership fee will be increased accordingly. The coverage limit cannot be increased while the membership agreement is still in effect.

#2 General Membership Renewal Conditions

1. The Foundation/Program 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 Program 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 Program and tried to renew their membership, the Program will cancel their membership and any renewal will be considered void.
7. Members receiving treatment coverage through the Program cannot renew their membership, but have the right to keep receiving treatment until the coverage amount is fully consumed.
8. Members can extend their membership for an additional year with the Foundation/Program's prior approval and subject to the same terms and conditions by paying the membership fees for two years in advance.

#3 Conditions of membership in the Program in the case of cancer

1. Any examinations or treatment procedures for cancer must be performed at the King Hussein Cancer Center. The Program will not cover any expenses incurred by a cancer patient in any facility other than the Center.
2. The Foundation/Program will not cover any expenses or procedures for any disease other than cancer.
3. The Program covers basic accommodation at the Center. If a patient wishes to stay in upgraded accommodation, he/she must pay the price differential to the Center for this upgrade.

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

1. Members are eligible to receive a 20% discount on any endoscope procedure, x-ray, ultrasound, or any other medical picture and any laboratory examination at the King Hussein Cancer 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 in the King Hussein Cancer Center each year.
3. The Foundation/Program 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.

For more information about Cancer Care Program membership do not hesitate to contact us:

Tel: 06-554-4970 - Fax: 06-554-4972

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