



PEOPLE'S INSURANCE PLC
(Company No. PB 3754 PQ)
No. 07, Havelock Road, Colombo 05.
Tel: (011) 2126126 Fax: (011) 2126042

HEALTH CARE INSURANCE PROPOSAL FORM

Please answer all questions. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. If you are in doubt as to whether any fact is material please disclose same. Tick boxes (✓) where appropriate

Please use BLOCK LETTERS

1. PROPOSER			
a) Name of proposer in full (Mr./Mrs./Miss)			
b) N.I.C. No.		Telephone No.	
c) Address in full			
d) Name and address of Employer			

2. Period of Insurance

3. PARTICULARS OF PERSONS PROPOSED FOR INSURANCE

Age limit at entry: 1 year up to 60 years
Self, spouse, unmarried and unemployed children aged 1 to 21(25 years if still engaged in studies)

Name	Relationship to proposer	Date of Birth	Height Cm.	Weight Kg.	Occupation
(1)					
(2)					
(3)					
(4)					
(5)					

4. Plan Selected

5. Name and Address of the Family Doctor

6. Is any person proposed for this insurance exposed to any hazardous or unhealthy conditions connected to their occupation or habits of life? Please give details?

7. Has any insurer declined to accept, accepted on special terms or cancelled or declined to renew a Policy in

respect of life, accident or sickness and hospital expenses in respect of any one proposed for this insurance?

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8. HEALTH DECLARATION

a) Is anyone proposed for this insurance has any physical or mental defect, infirmity or disorder?

Name	Nature of Defect	Since when
(1)		
(2)		
(3)		
(4)		
(5)		

b) Has anyone proposed for this insurance consulted a medical specialist or received hospitalized treatment or suffered from an intermittent or recurring illness during the last five years, If so please give details :-

Name	Nature of illness/surgery or treatment	Period	Present state of health in this respect
(1)			
(2)			
(3)			
(4)			
(5)			

c) Has any one proposed for this insurance consulted a medical practitioner in the past year? YES/NO
If "YES", please give details:-

Name	Nature of illness/surgery or treatment	Period	Present state of health in this respect
(1)			
(2)			
(3)			
(4)			
(5)			

DECLARATION

- I/We declare that to the best of my/our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he / she acted as my / our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company.

* Head of the family can sign for and on behalf of the spouse and other dependants.

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PROPOSER'S SIGNATURE
(Company seal)

.....
DATE

