

# FijiCare Insurance Limited

## Application Form - TERM LIFE & PA

FNPF # :  Employer :  EDP # (where applicable)

Name of applicant : Mr/Mrs/Ms/Dr

Postal Address :  Telephone :

Date of Birth :  Marital Status :  Height :  Weight :  Sex :  Regular Doctor :

I wish to apply for **TERM LIFE INSURANCE**  or **TPD**  : Sum Insured F\$  Smoker : Yes :  No :

### NOMINATION OF BENEFICIARY

I nominate the person/s listed below as my beneficiary's to whom the percentage (%) of the sum insured will be paid in the event of my death.

Nomination of Beneficiary	Relationship of applicant	%	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I wish to apply for **PERSONAL ACCIDENT INSURANCE** : Capital Sum of Insured F\$  Annual Salary F\$

From Schedule of Disabilities I apply for: Death Benefit (Yes/No) :  Short Scale (2-8) :  Long Scale (2-26) :

My job description is :

### PERSONAL STATEMENT

To the best of your Knowledge have you: YES/NO

1. Ever had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, kidney or liver or bowel disease, digestive disorder, lung disease, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or AIDS?
2. Consulted a doctor for medical or surgical advice or treatment of any ailment, injury or sickness during in the past five years ?
3. Ever had any application of life and / or Dread Disease Insurance declined or deferred by a life or general insurance company or society or accepted with a loading or otherwise as submitted or received a disability benefit ?
4. Ever engaged in or intend to engage in any hazardous occupation, sport or other pursuit, or intend to engage in aviation other than as a fare-paying passenger on a commercial airline ?

if you have answered "YES" to any of the questions, please give full details below, showing:

Date, Doctor's Name, Hospital,

It is important that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. These are facts that an insurer would regard as likely to influence the assessment and acceptance of an application. If you fail to do so and a policy's issued, all or part of the benefit may not be available. If you are in any doubt as to whether certain facts are relevant, you should disclose them.

#### Details of "YES" answer to the above question:

(Don't forget the name and address of the treating doctor for any conditions you have mentioned)

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### I, the life to be insured, declared:

1. I hereby apply for membership to FijiCare and certify that this declaration is true and correct.
2. The answers given above and/or to the Medical Examiner for FijiCare Insurance Limited are true.
3. Any Medical Practitioner who has or may be consulted by me is authorised to divulge at any time to FijiCare Insurance Limited and information with regard to myself.
4. I waive all professional confidence and provisions of the law relating to privilege forbidding disclosure material to the insurance cover.
5. Any untrue statement I may have made, or material information i may have withheld may result in the contract being declared void.
6. The company will be free from all liability until the proposal has been accepted and the policy issued.
7. All notice shall be sent to FijiCare Insurance Limited, PO Box 15808, Suva, Fiji.

Signature of applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Witness : \_\_\_\_\_ Date : \_\_\_\_\_