AXA Mansard Corporate Proposal Form

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Affix Passport Photo/s

Company name _____ Staff ID/Number _____

Enrollee name (Surname, Other name)

Birth Date

Day Month Year

Religion:

Job Title

Marital Status

Single Married Divorced Widowed

Sex

M F

Hobbies

Telephone:

Mobile No:

E-mail:

Address:

Sate of Residence: …… Local Government Area: ……..

Health Plan/Scheme: _____ Blood Group _____ . Genotype _____

Choice of Hospital (Primary)

Alternate Hospital (For Gold and Platinum Plans only)

State any Pre-Existing Medical Condition (Diabetes, hypertension, Sickle cell, Cancer, Kidney Issue, others….) _____

Dependents Details

	Full Name	D.O.B	Occupation	Sex	Blood Grp.	Genotype	Marital Status	Hospital	Pre- Existing Condition
Spouse									
Child 1									
Child 2									
Child 3									
Child 4									

Are there any additional facts affecting the risk of assurance on your health of which the company should be made aware?

Yes ☐ No ☐ If Yes, State details: ……

DECLARATION

I,……. the assured, do hereby declare that all the foregoing answers are true, that I have not concealed nor withheld anything with which the assurer should be acquainted with in order to assess my eligibility for health insurance.

I agree that these and all statements I have made or shall make to the assurer or to its medical examiner(s) in connection with this or previous proposal(s) shall be the basis of this contract.

Client Signature _____ Date _____

FOR OFFICE USE ONLY

Agent Name &Code: SBU/code

Risk Evaluation: Approval / Rejection

Client's risk category: …….. Underwriter's Risk Assessment_____

Underwriter Sign/date _____ **Head of Medical Ops** _____ **Head of Ops**_____