

**AXA Mansard
Individual
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”

Surname:

Other names:

Title: Mr. Mrs. Miss Others

Birth Date: (DD/MM/YYYY) Religion:

Day Month (e.g. JAN, DEC) YYYY

Occupation

Marital Status: Single Married Divorced Widowed

Sex: M F

Job title:

Hobbies:

Annual Income Band? Over 6,000,000.00 3,000,000.00 – 6,000,000.00 200,000.00 – 3,000,000.00 Under 1,200,000.00

Means of Identification: Identification Number Weight (Kg) Height (m)

Telephone:

Mobile No:

E-mail:

Address:

State of Residence: Local Government Area:

Health Plan/Scheme: (Bronze/Silver/Gold/Platinum) 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 Issues, others....)

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: CURRENT HOSPITAL:

Note: "Policy starts only after underwriting is completed (within 2 weeks), premium paid is a deposit payment until then.

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 Name & Code:

AGENT'S SIGNATURE: Sub Agent Name (if Applicable)

Risk Evaluation: Approval / Rejection

Client's risk category: Underwriter's Risk Assessment _____

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