

GREAT NIGERIA INSURANCE PLC

8, Omo Osagie Street, Ikoyi, Lagos

Group Life Assurance Scheme for Members of

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Affix Passport
Here

MEMBERS' PROPOSAL AND DECLARATION OF HEALTH FORM

1. Name of Member (Mr., Mrs., Miss).....
2. Date of Birth..... 3. Business or Occupation.....
4. Date of Membership..... 5. Date of Joining the Scheme.....
- 6a. Contact Address.....
- 6b. Telephone Number..... 6c. E-mail.....
7. **Proposed Life Assurance Benefit (Sum Assured) N.....**

8. Give Details of ...

	Name of Beneficiary	Beneficiary's Address	Relationship	Date of Birth
(a)				
(b)				
(c)				

9. What is the nature of your job at the moment.....
10. What is your height (in cm) ?.....
11. What is your weight (in kg) ?.....

12. Has a proposal ever been made on your life in this office or any other Life Assurance Office? If YES give details or simply mark 'NONE':

12(a) Name of the Life Assurance Office.....

12(b) State whether you were accepted at standard rate or accepted with extra premium or declined or postponed.....

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13.

S/N	HAVE YOU EVER SUFFERED FROM	YES/ NO		IF YES, PLEASE GIVE DETAILS
a.	Epilepsy or other mental disturbances?			
b.	Tuberculosis asthma, pneumonia or any other chest disease?			
c.	Indigestion, Gastric or duodenal ulceration, jaundice gall bladder, diabetes mellitus?			
d.	Any infection of the kidney, urinary or genital organs, renal stones?			
e.	Difficult or painful urination, blood in the urine?			

Please give full details of all positive answers.....

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14.

S/N	HAVE YOU EVER HAD OR SUFFERED:	YES/ NO	DATE & DURATION	IF YES, PLEASE GIVE DETAILS
A	Recurrent or persistence fever or skin disorder?			
B	Persistent night sweat?			
C	Weight Loss?			
D	Glandular Infections or Swollen Gland?			
E	Chronic or Frequent Diarrhea?			
F	Persistent Cough?			
G	Hepatitis B or any sexually transmitted disease? Including genital sore or discharges?			

Please give full details of all positive answers.....

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15.

S/N	HAVE YOU	YES/ NO	DATE & DURATION	IF YES, PLEASE GIVE DETAILS
a.	Have you ever been refused as a blood donor?			
b.	Have you ever received any blood transfusion within the last five years?			
c.	Have you in the last 5 years consulted a doctor or suffered any sickness or fever?			
d.	Have you in the last 5 years been treated for hypertension			
e.	Have you in the last 5 years been treated for any injury?			

Please give full details of all positive answers.....

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16. Details of your usual Medical Doctor:

Name.....

Address.....

Telephone /Mobile no.....

17. **ARE YOU IN GOOD HEALTH?**.....

I hereby declare that the pieces of information provided above are to the best of my knowledge true and I agree that these pieces of information shall be the basis of the assurance on my life under the above named scheme. I further agree and authorize the Life Office to seek medical information from any doctor who has attended to me or any other Life Office to which I have made a proposal for life assurance without hindrance.

Signature..... Date.....