



APPLICATION FOR LIFE INSURANCE AND / ANNUITY PLAN MADE TO
GLICO LIFE INSURANCE COMPANY LIMITED
P. O. BOX 4251, ACCRA

FOR OFFICE USE ONLY

RECEIVED BY
EDWA NKOSUO POLICY NO:
ANIDASO POLICY NO:
INDIVIDUAL LIFE POLICY NUMBER

AGENCY NO.
OFFICE:
START DATE:
PROPOSAL NO:

PLEASE PRINT ANSWERS IN BLOCK LETTERS

ANY ALTERATION MUST BE SIGNED BY PROPOSER

1ST LIFE PROPOSED

Surname:
Other Names:
Business Name:
Business Location:
P. O. Box: P B
City: Region:
Occupation: Class
Hobbies/Pastimes: ANB:
Date of Birth: ANB:
Marital Status: Single/Married/Divorced/Widowed Gender: Male/Female:
Telephone No: Home Town:
Email: Region:

3. EXISTING INSURANCE

Do you or have you ever had any assurance on your life? Yes / No
If Yes, name of Company?
Policy No. if with GLICO
Have you ever made a claim under any existing/previous Policy?
Yes / No
Policy No: Type of Claim

2. BENEFITS

Automatic Annual Premium Increase

Individual Life Applicants:

Please indicate annual percentage increase required

Protection % Investment %
10% 15% 20% 25%

Micro Insurance Applicants:

Do you require optional Anidaso Policy Yes / No

If yes, state premium amount GH¢

Do you require Automatic Monthly Premium Deduction
from your Edwa Nkosuo Policy? Yes / No

BASIC PLAN	TERM	1st Life Sum Assured	Premium
GAP/GIP/ESB/GEPP/FIP/LS/LG ()			
GENP	()	Daily cont. GH¢	
RIDERS			
AI / PTD			
HCI			
CI			
TL			
WOP/CEPA			
INVESTMENT/SAVINGS			
P/F			

Sub Total Premium

4. Please indicate (D) for DEPENDENT LIVES ASSURED and (B) BENEFICIARIES

Full Name	D / B	DATE OF BIRTH	ANB	Sex	Relationship	HGT	WGT	TL/HCI/CI(SA)	Premium	%
a.										
b.										
c.										
d.										
e.										
f.										
g.										
h.										

Sub Total Premium

GRAND TOTAL

EXCLUSIONS

The policy shall not cover pre-existing physical or mental defects, pre-existing diseases, gradually operating causes, pregnancy, self exposure in needless peril, suicide, drugs, war risks and the exclusions listed in the policy, if the policyholder participates in hazardous pastimes such as cycling including motor cycling, hunting football, polo, tennis, horse riding, weightlifting, hockey, boxing (please underline which), it may be necessary to rate accident arising from these causes.

NOTE: monthly premium payment is by standing order or by automatic premium deduction from a GLICO linked policy or by employment source. Premiums paid shall be on account as Deposit until application is accepted by GLICO and a policy issued.

In the event of death while application has not been accepted or a policy issued by GLICO, actual amount paid shall be payable under a claim without interest. The application if accepted by GLICO shall be issued within 30 days from the date of first premium payment.

BANK/SOURCE STANDING ORDER

Please pay to Glico Life Insurance Company the amount stated below on the 1ST day of every month quoting name, account number and debit my Monthly Salary/ Account/Policy until further notice.

POLICY NO.:	NAME:	MONTHLY AMOUNT GH¢	1ST DUE DATE:
TO: THE MANAGER		ACCOUNT/STAFF NUMBER:	
ADDRESS:		ACCOUNT NAME:	
		BANK NAME:	
		BRANCH:	
		ADDRESS:	
		SIGNED:	
		DATE: ___/___/___	

5. HEALTH INFORMATION

PROPOSED LIFE		HEIGHT WEIGHT	
a. Are you at present suffering from any physical defect or is there any ailment or disease from which you suffer or to which you have a tendency? b. Have you at any time suffered from any illness or injury requiring medical or psychiatric/herbal attention? c. Have you undergone any special investigation or laboratory tests or ever had a surgical operation? d. Are you currently taking prescribed drugs, medicines, tablets or other treatment?	Yes No Yes No Yes No Yes No	e. Have you any intentions or prospect of engaging in any hazardous sports or other activities? Have you received medical advice or treatment in respect of AIDS of HIV related condition or any sexually transmitted disease? f. Have you received medical advice or treatment in respect of Anaemia, Asthma, Tuberculosis, Ulcer, Syphilis, Rheumatism, Heart Disease, High Blood Pressure, Piles, Sickle Cell, Jaundice, Bilharzia, Leprosy, Chest Pain, Fit, Diabetes ,Cancer, Liver and kidney related diseases or any contagious disease? g. Are you free from any physical deformity or defect of speech, vision and hearing? h. Are there any other medical problem (s) relevant to the assessment of the risk?	Yes No Yes No Yes No Yes No

6. FAMILY HISTORY

LIVING		DEAD		
	Age	State of Health	Age	Cause of Death
Father				
Mother				
Brother				
Sister				

Has any member of your family ever had

a. Heart Ailment? YES/NO	d. Asthma? YES/NO
b. Nervous disease? YES/NO	e. Tuberculosis? YES/NO
c. Diabetes? YES/NO	f. Cancer? YES/NO

If any question is answered "Yes," please give full details (use extras sheet of paper, if necessary)

Disease or Injury	Date	Duration	Result	Doctor or Hospital

7. Proposed Females

a. Are you pregnant? Yes / No
 b. Have you ever had cancer of disorder of the breast or female organ or birth by caesarean section? Yes / No
 c. No. of Children
 d. Any other female problem (s)

8. Name and address of your regular Doctor and Hospital

Give date you last consulted

9. How many sticks of cigarettes do you smoke in a day?

.....
When did you start smoking?

10. What is your average consumption of alcohol?

.....
When did you start drinking?

DECLARATION

I submit this application form with a view of entering into a contract for the benefits set out overleaf on GLICO normal terms and conditions. I have read over the replies to all the questions in this application form which are not in my own handwriting and I declare that, to the best of my knowledge and belief all the information given are TRUE AND COMPLETE.

I understand that in the event of my being medically examined the answers to be given by me to the medical examiner acting on behalf of GLICO shall be deemed to be incorporated in these applications.

I consent to GLICO seeking medical information from any Doctor at any time who has attended to me concerning anything which affects my physical or mental health seeking information from any insurance office to which an application has been made for insurance on my life and I authorize the giving of such information. I agree that this application shall be the basis of the contract which will commence on the acceptance of this application by GLICO on its normal terms and conditions.

Note: It is confirmed that the company’s illustration has been received and understood and that my application is for a medium to long-term Insurance Plan.

I understand that GLICO must be notified of any changes in my health and or circumstances prior to the assumption of risk which commences only upon receipt of a policy issued by GLICO.

Dated this day of

Name of Witness:

Signature of Proposer 1

Name of Agent

Signature of Proposer 2

Agent Contact No.:

Underwriter’s Name:

Date:

Underwriter’s Comments: Date: ____/____/____