Sanlam

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Sanlam Life Insurance Limited

FlexiEducator Plus

Proposal No.: **B11523**

APPLICATION FOR INSURANCE

CHILD'S DETAILS

First Name(s) | Date of Birth (YYYYMMDD)

Surname | Gender | Relationship

PRINCIPAL LIFE TO BE ASSURED

First Name(s)

Surname

ID Number | Passport | Title

Marital Status | Date of Birth (YYYYMMDD) | Gender

Occupation | PIN Number

EMPLOYMENT DETAILS

Employed ? Y/N | Employer | Employer Code

Department Code | Employment Terms: Temporary, Permanent, Contract | Employee Number

BUSINESS DETAILS

Business Name

Nature of Business

Role of proposer in business

TELEPHONE NUMBERS AND EMAIL

Cell (Pre-fix for other countries) | Work Phone | Home Phone | Wireless

Email

POSTAL ADDRESS

P.O. Box | Building

Town | Postal Code

PHYSICAL ADDRESS

Building / Village

Street / Location

Town / County | Postal Code

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STATEMENT OF HEALTH OF THE LIFE ASSURED

This section covers your medical history. Please read the following questions and provide as much information as possible.

Y/N

1. Has an application for life, sickness, disability or critical illness insurance on your life ever been declined, deferred withdrawn or accepted with a loading or exclusion? ☐

2. Have you ever claimed any benefit from sickness, disability, critical illness or accident policies? ☐

3. Have you in the last 5 years: consulted any medical professionals; had medical examinations and/or special investigations (including blood tests); taken medication or received medical treatment; been hospitalised or received medical advice to alter or discontinue your alcohol consumption? ☐

4. Have you, in the last 5 years, suffered from or been diagnosed with any form of: (Tick appropriately)

- ☐ blindness, hearing or speech problems
- ☐ asthma, tuberculosis, chronic cough
- ☐ heart attack, heart disease or disorder, high blood pressure, raised cholestorol
- ☐ diabetes, stroke
- ☐ cancer, tumours (state of benign or malignant)
- ☐ kidney disease, blood or protein in the urine
- ☐ HIV/AIDS or HIV/AIDS related conditions, Sexually Transmitted Diseases (STDs)
- ☐ psychological problems or disability
- ☐ body or limb defects, paralysis, physical disability
- ☐ any condition other than colds, flu or other minor, curable ailments

Y/N

5. Are you currently experiencing health-related symptoms or do you intend to seek medical advice or testing for any condition other than colds, flu or other minor, curable ailments in the next 6 months? ☐

6. What is your height? Ft ☐ Ins ☐ What is your weight? Kg's ☐

Is your weight Stationary? ☐ Increasing? ☐ Decreasing? ☐

7. If you answered 'yes' to any of the questions, please give full details in the table below indicating:-

Nature of complaint or symptoms, Type of treatment or medication, Date of first symptoms or diagnosis, Date of last symptoms, Name and telephone number of attending doctor

You may use additional Paper for more information

You are required to tell us anything that you may know about your health that may affect our decision to insure you. If you do not provide this information you may not be able to claim the risk benefits under this policy.

Please use the space below to provide such information

You may use additional Paper for more information

I declare that the information I have given above is correct and a true representation of my medical history.
I understand that any medical history not mentioned may invalidate the application for life assurance or a claim.

Name

Date (YYYYMMDD)

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FINANCIAL QUESTIONAIRE

Monthly Income

Weekly Income

Source of Income

OCCUPATIONAL AND RECREATIONAL HAZARDS

Do you have any intentions of: (where the answer is YES, please give details) Y/N

- Changing the nature of your occupation?
- Engaging in hazardous occupation? (e.g. working with machinery or electricity)
- Engaging in hazardous sports or pastime?(e.g. hangliding, sky diving, mining etc)
- Engaging in naval, military or air services?
- Flying other than as a fare paying passenger by a recognised airline on scheduled in routes

INSURANCE HISTORY

Has any proposal on your life ever been made, or is now being made (excluding this application)? If YES, please state: Y/N

Name of the Insurer(s)

Date of proposal

Sum assured

Was it accepted at: Ordinary terms Declined or Loaded Postponed Special premium

Status Matured/In force/Lapsed/Surrender/Cancelled/Other

PLAN DETAILS

PAYMENT METHOD Check-off Direct Debit instructions Banker's Order Cheques FOSA

PREMIUM PAYMENT FREQUENCY Monthly Quarterly Semi Annually Annually

PREMIUM CALCULATOR

ANB	Term	Rate	Sum Assured		Monthly Premium	Non Monthly Premium
DISCOUNT ON NON- MONTHLY		4% 6% 8%		-		
SUB TOTAL				=		
POLICY FEE				-		
SUB TOTAL				=		
0.25 % POLICYHOLDERS' COMPENSATION FUND LEVY				-		
TOTAL PREMIUM DUE				=		

TERM IN WORDS

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GUARDIAN (for minor beneficiaries)

First Names | Date of Birth (YYYYMMDD)

Surname | Gender

ID Number | Title | Cell (Pre-fix for other countries) | Relationship to minor

How would you like to receive your statement/Policy document? (Tick one)

Postal Address ☐ Email ☐ Physical Address ☐

DISCLOSURE CHECKLIST - AGENT

The policyholder has the right to the following information. Kindly confirm that this has been provided.

AGENT STATUS (Please enter your "Y" for yes or "N" for no)

	Y/N
1. Have you provided the following information to the policyholder	
(a) Your full name and title?	
(b) Office details (physical and postal address)?	
(c) Telephone and email contact details?	

ADVICE

1. (a) Have you taken the circumstances of the policyholder into account inorder to satisfy their financial needs	
(b) Have you done a sufficient needs analysis?	
2. Have you disclosed the following information to the policyholder:	
(a) Name and type of policy?	
(b) The premium?	
(c) Type, exent and limitations of benefits?	
(d) That commission is payable on this policy and answered any commission-related questions?	
(e) The 28-day cooling-off period?	
(f) Claims notification procedure?	
(g) Cancellation procedure and surrender?	

APPLICATION STAGE

1. Is the policyholder satisfied with the advice and disclosure that you have given?	
2. Has the policyholder completed and signed the application form?	

NEW BUSINESS RATER

A. Gross Regular/Basic Earnings	KShs
B. Total Existing Deductions	KShs
C. Premium for New Policy	KShs
D. Total Deductions (B + C)	KShs
E. New Net Earnings	KShs
F. 1/3 of A	KShs
G. Test: Is E>F	Yes No ☐ If no, the application does not qualify.

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REPLACEMENT QUESTION

IMPORTANT NOTE:-REPLACEMENT OF ANY ASSURANCE MAY BE TO THE DISADVANTAGE OF THE POLICYHOLDER BECAUSE IT INVOLVES DUPLICATION OF INITIAL COSTS CHARGED TO THE CONTRACT

Y/N

Is this application to replace the whole or any part of your existing insurance with any assurer (whether replacement is to occur immediately or to replace an insurance discountinued within the past four months or within the next four months)? Please indicate your submission as a Yes or No: ☐

If "Yes", the agent must discuss and obtain written consent from you.

DECLARATION

I declare that the answers to the question and statements above, whether in my own handwriting or not, are true and complete. I apply for assurance under Sanlam Life Insurance's terms and conditions. I understand that the answers to the questions and statements above and any documents required by Sanlam Life Insurance shall be the basis of the contract.

I accept that I am curtailing my right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as life to be assured, I irrevocably authorise:-

- Sanlam Life Insurance to obtain from any person, whom I hereby so authorise and request to give, any information which Sanlam Life Insurance deems necessary, and to share with other insurers that information and any information contained in this application or in any related policy or other document;
- Any such information to be so obtained and given, and as between insurers to be shared either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life Insurance or by the operatos of such database.
- I understand that Sanlam Life Insurance has the right to defer a claim under this policy until all requirements, as specified by Sanlam Life Insurance, have been met.

IMPORTANT NOTICE TO APPLICANT
No agent or staff of Sanlam Life is authorised to receive cash on behalf of the institution. All premium payments by cash must be banked into the company's account provided for this purpose or paid into the company's M-Pesa pay bill number 120120.
Sanlam Life shall not be liable for any cash given to a staff or agent.

I acknowledge that I have read and understood these declarations. I declare that the answers to the above questions and statements are true and complete.

SIGNATURE: LIFE TO BE ASSURED

Date

AGENT'S DECLARATION

I hereby declare that I have explained the contract and the meaning and implications of replacements to the life to be assured and that I am fully aware of the possible detrimental consequences of the replacement of any insurance contract. I declare that all the information contained in this proposal was obtained from the life to be assured and was completed in his/her presence.

Agent's Code

Name of Agent

Surname of Agent

Signature

Date

Name of Branch Manager

Branch

Signature

Date