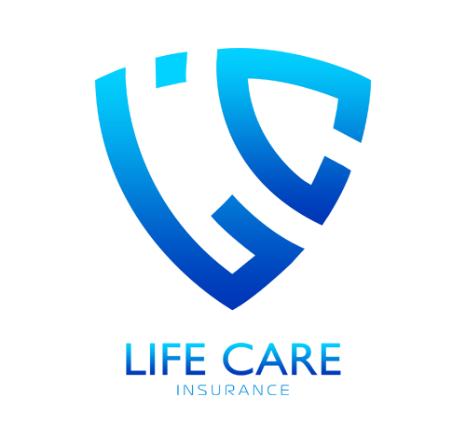
*Life Care Insurance* SAVE, INVEST AND PROTECT



*APPLICATION FORM……*

The Life Care Insurance Plan

May be appropriate for those who:

■ Are over 18 but under 70

. ■ Require a policy term between 5 and 35 years (cover must end before age 80 or age 60 if critical illness cover is included)

. ■ Are looking for a lump sum benefit to be paid in the event of death.

■ Wish to have a lump sum benefit if diagnosed with one of nine specified critical illnesses (additional cost).

**The Life Care Insurance Plan may not be appropriate for those who:**

■ Are aged 70 or above.

■ Require a policy term shorter then 5 years or longer than 35 years.

■ Require cover beyond age 80.

■ Want a plan that has a savings element.

Cover Details (Please tick which plan you would like),

Decreasing Term Assurance (Mortgage Protection) OR

Level Term Assurance Amount of Cover LKR

Term in full years (5-35) Joint Life Cover Critical Illness Cover Separate Policies

If applying for separate policies with different terms, please state requirements here:

Decreasing Term Assurance (Mortgage Protection)

* Joint Life Cover: If you choose this option, you will NOT be able to have Critical Illness covered, NOR put the policy into Trust, and on payout the plan will cease, leaving the other applicant with no cover. You may prefer to have two separate policies. Critical Illness is only available on single life policies and only if cover ends before age 60.

Application 01

Mr/Mrs/Miss/Ms

Initial with name:

First line of your home address:

Surname:

Warrant No (if applicable)

Postcode

Gender F M

Date of birth

Contact Number:

Email Address:

We would like to email you from time to time with relevant information on financial issues relating to the police, such as police pay, and products and services we provide including special offers. If you would like to receive the above information please indicate your consent by ticking the box to the left. You will be able to unsubscribe from these communications easily and at any time.

Height

Date police service commenced

Weight

Your answers to the following questions will help ensure this product meets your protection needs. If you are in any doubt whether these Life Insurance policies meets your protection needs, then please call us 0115888777 or e-mail [lifecareinsurance@gmail.com](mailto:lifecareinsurance@gmail.com).

1. Are you aged between 18 and 69? Yes no

2. Do you require a lump sum benefit be paid in the event of death? Yes no

3. Do you require a lump sum benefit to be paid if you are diagnosed with a specified critical illness? Yes no

(Only applicable if applying for the Critical Illness benefit in the ‘Cover Details’ section)

Application 02

Initial with name:

Surname:

Mr/Mrs/Miss/Ms

Postcode

First line of your home address:

Date of birth

Gender F M

Warrant No (if applicable)

Contact Number:

Email Address:

We would like to email you from time to time with relevant information on financial issues relating to the police, such as police pay, and products and services we provide including special offers. If you would like to receive the above information please indicate your consent by ticking the box to the left. You will be able to unsubscribe from these communications easily and at any time.

Date police service commenced: - ………………………. Height: - ……………. Weight: - ……………….

**Your answers to the following questions will help ensure this product meets your protection needs. If you are in any doubt whether this Life Care Insurance policy meets your protection needs, then please call us 0115888777 or e-mail** [**lifecareinsurance@gmail.com**](mailto:lifecareinsurance@gmail.com)**.**

1. Are you aged between 18 and 69? Yes ■ No ■

2. Do you require a lump sum benefit be paid in the event of death? Yes No ■

3. Do you require a lump sum benefit to be paid if you are diagnosed with a specified critical illness? Yes No

(only applicable if applying for the Critical Illness benefit in the ‘Cover Details’ section)

**Medical Information Questions**

**Applicant one Applicant two**

**Yes No Yes No**

Do you smoke or have you used tobacco, nicotine products or e-cigarettes in the

last 12 months?

If yes, how many do you smoke each day or how long do you vape for?

**Please answer the following questions very carefully:**

**Applicant one Applicant two**

**Yes No Yes No**

1. Have you ever been advised by a medical professional to reduce your alcohol

consumption?

2. During the last 5 years have you ever taken any drugs for recreational

purposes?(E.g. cocaine, cannabis, heroin, anabolic steroids)

3. Do you engage or have you any intention of engaging in any hazardous sport or

pastime? (E.g. private flying, base-jumping, mountaineering)

4. During the last 5 years have you ever been absent from work due to injury or

sickness for period exceeding 5 consecutive days?

5. Are you currently on restricted or recuperative duties?

6. Have you ever tested positive for HIV/AIDS, Hepatitis B or C or have you been

tested or treated for any sexually transmitted disease or are you awaiting the

results of such a test?

7. Have you ever sought, or are you currently seeking or intending to seek, medical

advice for:

1. Any disease or disorder of the heart or circulatory system, including raised

blood pressure?

1. Stroke, transient ischemic attack or any form of hemorrhage?

c) Cancer (including leukemia, lymphoma and Hodgkin’s disease) or any mole or

skin marking that has bled, changed or become painful, or any form of

tumor or lump?

**Applicant one Applicant two**

**Yes No Yes No**

d) Diabetes, sugar in the urine or raised cholesterol?

e) Any disease or disorder of the blood?

f) Multiple Sclerosis, Parkinson’s disease, Alzheimer’s disease, Motor Neuron

disease, optic neuritis, numbness, paralysis, loss of feeling, blurred or double

vision or any hereditary disorder?

8. Before the age of 60, have any of your parents, brothers or sisters ever suffered

from heart or circulatory disease (including heart attack, angina), cancer, stroke,

diabetes, paralysis, a disorder of the nervous system, eye disease, familial

polyposis of the colon, kidney disease or any hereditary disease?

9. During the past 5 years have you suffered from any illness or injury requiring

investigation, consultation, treatment, tests (including blood tests) or advice by

a specialist, clinic, hospital or doctor?

10. Do you have any current symptoms or complaint for which you have not sought

medical advice but intend to (you do not need to disclose matters relating to

uncomplicated pregnancy, fertility treatment, hay fever, common colds and flu or

vaccinations)?

11. During the last 5 years have you suffered from?

a) Epilepsy, fits or blackouts?

b) Mental illness, anxiety, stress, post-traumatic stress disorder, depression or

any other psychiatric or nervous disorder?

1. Arthritis, rheumatism, gout or trouble with your bones, joints or muscles?
2. Asthma, bronchitis, pneumonia or other respiratory disorder?

1. Any disorder of the stomach, digestive system, liver or bowel?

1. Any kidney or bladder disorder?

g) Any gynecological disorder or abnormality of the breast, uterus or cervix?

h) Any form of allergy, skin complaint or any problem with sight or hearing?