

RENEWAL ACCEPTANCE FORM - HEALTHSENSE PLAN

Main Member Details (Payer)

Full Name			
Address (to provide Utility Bill if different)			
Email Address		Mobile Number:	
Bank Account Details (to provide proof of bank details if different)			

Details of Insured Members

	Main Member	Dependent 1	Dependent 2	Dependent 3
Surname				
Name				
ID/Passport No.				
Mobile Number				
Renewal Date				
Relationship to Main member (e.g. Father, Mother, Spouse, Child, Brother and Sister)				

Products	Plan	Limits (MUR)	Plan Details (Please tick as appropriate)			
HealthSense for All	Plan I	15,000				
	Plan II	50,000				
	Plan III	125,000				
HealthSense Executive	Plan I	250,000				
	Plan II	500,000				
HealthSense Platinum	Plan I	1,000,000				
	Plan II	2,000,000				
Catastrophe Cover (CAT)	Plan I	50,000				
	Plan II	100,000				
	Plan III	200,000				
	Plan IV	300,000				
	Plan V	500,000				
	Plan VI	1,000,000				
	Plan VII	2,000,000				
	Plan VIII	3,000,000				

Note: Waiting period on increased limits shall apply on any upgrade in plan

Premium Details (insert premium)

Basic + CAT Annual Premium (MUR)				
Basic + CAT Monthly Premium (MUR)	Application Money			
	10 Monthly Standing			
Total Premium paid for all members				

Additional Information

Special Remarks & Disclosures	
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Declaration to be signed by Payer

I hereby declare that the details and particulars provided in this Renewal Acceptance Form are true and complete and that we have not withheld any information/material facts that are likely to influence the acceptance and assessment of this proposal. If in any doubt as to whether a fact is material, please disclose it accordingly.

I agree that this form shall form the basis of the renewal contract between the Insurer and the individuals to be insured under this plan and undertake to provide any information relating to any material change in the particulars mentioned above to the Insurer forthwith and in accordance with the above.

I consent ☐ / do not consent ☐ that our personal data may be used for marketing purposes by NIC General Insurance Co. Ltd and National Insurance Co.Ltd.

I understand, agree and authorise the company to deduct any balance due on premiums from any payable/authorised claim(s) reported during the course of the policy.

I,..... payer under the policy declare to the best of my knowledge that any amount being paid to the company is not sourced from proceeds of crime/offence as listed under the Financial Intelligence and Anti-Money Laundering Act 2002.

Date: _____ Signature of Payer _____

Important note: You are requested to settle any arrears prior to the starting of renewal policy period to ensure uninterrupted claims servicing. No cover is in force unless premiums have been paid by the client and until this renewal has been officially accepted.

For Office Use Only	Date Received		Received By	
	Signed & Approved		Renewed By	