

Union Life Plus Proposal Form - Extract of the details submitted on a digital proposal form

Policy Code : 5000004954302 **Ref. No** : 0000000015686 **Date Printed** : 26/07/2022
Branch Code : A010045 **Quote No.** : 0000001451701 **FNA No** : 0000000070966

The following information is an extract of the facts disclosed by you to SAMARAWEEERA S.M.L.D. in completing the digital proposal form for the purpose of signing up for a Union Life Plus Insurance plan with Union Assurance PLC. This form will be the basis on which the contract to be formed between you and Union Assurance PLC to provide you the cover if your proposal is accepted. The Insurance policy is a contract made on utmost good faith where both parties have to disclose full and accurate information before entering into the agreement. Hence please seek all the information you need from your insurance adviser before you make the decision to sign this proposal form. Providing inaccurate or incomplete information may result in rejection of future claims.

A. Personal Information

Full Name : MRS. DEGIRI MEKHALA THUSHARI DE ZOYSA
Date of Birth : 1982-04-14 **Age** : 40
NIC : 198260500721 **Nationality** : SRI LANKAN
Marital Status : MARRIED

B. Contact Information

Address : 239/21
 JOHNKEELLS HOSUING SCHEME
 PITTUGALA
 MALAMBE
E-mail : **Mobile Number** : +94772631884
Telephone Number : **Office Number** :

C. Occupation Information

Employer / Type of business : NA
Occupation / Designation : ACCOUNTANT
Monthly Income : Rs. 50,000
Hazardousness of work : No
Residence : SRI LANKA

*Hazardous work can be explained as Working at heights / underground / off shore / Working with heavy / sharp machinery, working with chemicals / explosives / Electrical work in high voltage environment / Welding and / or spray painting / Any other hazardous work that may cause ill health or injury

D. Beneficiary details

Name	Gender	Relationship	DOB	Percentage	NIC
AA AA	MALE	HUSBAND OF PROPOSER	1991-01-01	100	910015544V

E. Admission of Documents

Signature card(required Digital only), Financial need analysis, Address proof, Photo proof / Standing order / Deposit slip, Age proof, Proposal Form,

F. Plan Information

Purpose : RETIREMENT **Product** : Union Life Plus **Term** : 20 Years
Frequency : YEARLY **Basic Sum Assured** : 3,000,000 **Basic Annual Premium** : 600,000.00
Cover Multiple : 5 **Total Premium** : 600,050 **Premium paid by self** : YES

G. Benefit Information

Additional benefits for Life Assured			
Benefit	Sum Assured	Benefit	Sum Assured
HCB	0	ADB	0
EPD	0	TPA	0
TPS	0	LTB	0
FEB	0	FIB	0
SMB	0	CSB	0
WP	No	HEALTH360	0
OPTICAL	0	MATERNITY	0
USHP	0		

H. Your Health and Social Habits - Life Assured

Height : 5 Feet 0 Inches

Weight : 60 Kg

You have disclosed following information about you (Life assured / Spouse's / Children's) and your family members in completing this proposal form. This proposal will be considered for acceptance based on the information disclosed by you.

Life Assured's Question(s)	Answer
Do you currently engage OR intend engaging in any hazardous work ? Are you a Politically Exposed Person (i.e. an individual entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals) ? If Yes, Please mention the source of funds that you are or will be utilizing towards payment of insurance premium. Are you an immediate family member or a close associate of a Politically Exposed Person? If yes, Please name the Politically Exposed Person you are related to and your relationship to him/her Name, Relationship (Spouse/ Child/ Parent/ have business relationship/ have legal arrangement).	No
Do you work/ reside or intend to be in a country other than Sri Lanka?	No
Was there a weight change of more than 5kg in the past 12 months?	No
Do you smoke?	No
Do you consume any form of alcohol?	No
Have you ever taken any habit forming drugs / narcotics OR ever been convicted of any criminal offence OR ever had any threat on your life / your immediate family members lives?	No
Have any of your natural parents and/or siblings, ever suffered from or died as a result of diabetes, cancer, kidney disease, heart disease, stroke or any hereditary disease before the age of 65 years?	No
Have you ever been investigated, treated for, diagnosed or intending to seek any medical advice any of the following conditions;	
Diabetes mellitus, high blood sugar levels or sugar in urine	No

High blood pressure, chest pain, heart attack, heart murmur, shortness of breath or any other heart condition	No
Cancer, tumour, leukaemia, enlarged lymph nodes or any abnormal growth or any hormonal disorders or disorders of the blood and lymphatic system, eyes, ear, nose, throat	No
Asthma, tuberculosis, chronic cough, chronic bronchitis, emphysema, pneumonia or any other disease of the respiratory system	No
Stroke, paralysis, transient ischemic attack, epilepsy, head injury, tremors, dizzy or fainting spells, blurred or double vision, anxiety, depression, nervous breakdown or any other nervous or mental disorder	No
Recurrent indigestion, ulcer, jaundice, hepatitis, cirrhosis, kidney stone, kidney failure or any other disease of the stomach, bowels, liver, kidney, urinary bladder, prostate or reproductive system	No
Rheumatic arthritis, joint disease, bone disorders, muscular dystrophies or any physical deformity or congenital birth defects	No
Any other medical condition, illnesses, diseases, disorders, disability, surgery or treatment not mentioned above	No
Have you or your spouse ever tested positive or treated for any sexually transmitted disease, HIV/AIDS, Hepatitis B or C, or are you awaiting results of such a tests?	No
Are you currently pregnant.	No
Have you ever had any disease of the breast / female organs, menstrual disorders, abnormal pap smear / mammogram?	No
Are you currently receiving or in the past 5 years received any medical treatment, medical observation, hospitalized, undergone surgical operation, been advised to seek treatment or to undergo further tests to confirm a medical impairment?	No
Are you currently engaged in or do you intend engaging in any hazardous pursuits any sport or pastime generally considered to be dangerous?	No
Has any of your application, renewal or reinstatement for life, accident or medical/health insurance ever been declined, postponed, rated or subject to special terms?	No
Do you have any current medical or health or life policy in force or application(s) pending, with us or any other insurance company?	No
Do you intend to live or travel outside of Sri Lanka in the next 12 months or have you in the past 5 years lived abroad (exclude vacations of less than one month)? If yes please provide full details of countries to be visited, purpose of visit and duration.	No

Covid - 19 Main Life Question(s)	Answer
Are you, or your family have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ?	No
Are you, or your family have you ever been serving a notice of quarantine in any form imposed by local health authorities or government or airport authority for possible exposure to novel coronavirus(SARSCoV2/COVID-19)?	No
Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus(SARSCoV2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?	No
Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)?	No
Have you experienced any of the following symptoms within the last 14 days? * Any fever * Cough * Shortness of breath * Malaise (flu-like tiredness) * Rhinorrhea (mucus discharge from the nose) * Sore throat * Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea	No
Are you a Health care professional (Include for instance General Practitioners, Doctors, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics having novel coronavirus (SARS-CoV-2/COVID-19) Ward?	No
Travel Declaration ;	
Are you currently residing outside of Sri Lanka?	No
Have you travelled abroad in the past 14 days?	No
Do you intend to travel abroad in next 3 months?	No
COVID19 Vaccination details	
Have you been vaccinated for COVID19?	No

How would you like to receive your policy document?

Hard Copy Through Post

I. Declaration

I/We confirm that the information provided at the point of filling the Digital Proposal Form is accurate and this printed document represents the correct information provided to the Union Assurance Representative. I/We also understand that errors/ omissions or non-disclosures may lead to claims being declined on this policy. I/We consent to the company seeking information from any doctor who at any time has attended on me concerning anything which affects my physical or mental health or seeking information from any insurer on my life and authorize giving such information to another insurer. I/We agree to inform Union Assurance PLC of any changes in the health or occupation of the life to be assured between the date of this proposal and the date of acceptance.

I/We consent Union Assurance to contact me/us using the contact number provided by me/us for further communication and to seek further information on the assessment and processing of the proposal form and understand that such information provided by me/us shall form part and partial of the proposal form.

I/We confirm that I will be providing you with my personal data and hereby expressly consent to the use of such data to provide insurance products & services and to facilitate other related services offered by you. This includes express permission to share the personal data information with service providers and authorized representatives of Union Assurance PLC.

I also further expressly consent to the use of my contact information to promote products and services of your company or brand and the companies and brands within the John Keells Group of Companies and understand I have the option to unsubscribe at any given time.

Further, I consent to receive my e-policy & copy of the proposal submitted by me through SMS Mobile and other policy related information and communications through the contact information in the proposal form and agree that all forms of communication sent to my mobile number and/or email address by Union Assurance as valid communication duly received by me. I am also aware that these communications are recorded and the information provided therein is considered as valid information and form part and partial of the contract.

I confirm that I have read through your privacy policy (www.unionassurance.com/privacy-policy) and have understood my rights in relation to the personal data which I am providing to you.

Signature (Main Life) :

Date : 2022-07-26 12:44:11.497000

Declaration of the Union Assurance Representative

I confirm that the information captured in the "Digital Proposal Form" is obtained with the knowledge & consent of the customer/s and that a proper assessment was carried out before recommending the solution indicated in this printed document of the submitted "Digital Proposal Form". I do confirm that the Illustration was properly reviewed by the customer before signing this document. I further confirm that there are no apparent signs of deformity or ailment affecting the suitability of the life proposed for assurance and that I have verified the contact details of the Customer.

I hereby confirm that I have seen the Know Your Customer (KYC) physical documents submitted by the above customer and verified the originality of such documents.

Signature :

Date : 2022-07-26 12:43:44.467000

Agent Name : Mr. SAMARAWEERA S.M.L.D. LASITHA SAMARAWEERA

Agent Code : AG001535

For office use

	Main life			
Age	: 40			
Nationality	: SRI LANKAN			
Residence	: SRI LANKA			
Occupation	: ACCOUNTANT			
Hazardous	: No			
Preferred Language	: ENGLISH	-	-	-
SAR Medical	: 3000000			
SAR Financial	: 3000000			
Medical Requirement	:			
Financial Requirement	: N/A			
Main Life :				