

ACACIA HEALTH INSURANCE

#5 Asoye Lane, East Legon Accra Ghana. Tel: 0302 543738, 0302 543734

MEMBER APPLICATION FORM

				РНОТО
FIRST				WHITE BACKGROUND
MIDDLE				Please Staple
SURNAME				Ends
Date of Birth D D	M M Y Y Gende	er M F Nationa	ality	
Number of Dependants				
BENEFIT (Pleas	se Tick)			
SUPER CARE PLUS	SUPER CARE	PREMIER CARE	UNI CARE	LIFE CARE
EMPLOYER'S NAME				
		HOW MANY FAMIL	Y MEMBERS USE O	PTICAL
POSTAL ADDRESS (Personal)		RESIDENTIAL A	ADDRESS	
TOOTIESTEDDICEDO (FORGOINE)				
F9.				
Email:				
Mob:				
BRANCH		POSITION		
MEDICAL HISTORY (Please Lind	lerline or Circle the appropriate Medical	Condition applicable to you)		
1.Allergies	12.Cystic Fibrosis	23.HIV positive	34.Leukemia	45.Severe recurrent diarrhoea
0.4	13.Depression or Psychiatric	•	35.Life insurance	
2.Anemia	1: 1	04.77	2 1	40.0 1:
s angina	disorder 14 Diabetes Mellitus	24.Heart attack	rejected	46.Smoking
3.Angina 4.Any medication for any	disorder 14.Diabetes Mellitus	25.Heart disease	rejected 36.Liver condition	46.Smoking 47.Spectacles or contact lenses
4.Any medication for any condition	14.Diabetes Mellitus 15.Disorder of the digestive system	25.Heart disease 26.Hepatitis		47.Spectacles or contact lenses 48.Stroke
4.Any medication for any condition 5.Asthma	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism	25.Heart disease 26.Hepatitis 27.Hepatitis B	36.Liver condition 37.Lung disease 38.Malaise	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder
4.Any medication for any condition 5.Asthma	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure	36.Liver condition 37.Lung disease 38.Malaise	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder 19.Epilepsy	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems 7.Benign cancer	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure 30.High Cholesterol	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer 40.Migraine	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder 51.Tuberculosis
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems 7.Benign cancer 8.Bladder Infections	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder 19.Epilepsy	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure 30.High Cholesterol Level	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer 40.Migraine 41.Nephritis	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder 51.Tuberculosis 52.Ulcers
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems 7.Benign cancer 8.Bladder Infections 9.Chronic Bronchitis	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder 19.Epilepsy 20.Fibroid	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure 30.High Cholesterol Level 31.Intestinal Fibrosis	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer 40.Migraine 41.Nephritis 42.Pregnancy	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder 51.Tuberculosis 52.Ulcers 53.Varicose Veins
4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems 7.Benign cancer 8.Bladder Infections 9.Chronic Bronchitis 10.Congenital Heart Abnormalities 11.Congenital kidney disorder	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder 19.Epilepsy 20.Fibroid 21.Gall bladder disease	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure 30.High Cholesterol Level 31.Intestinal Fibrosis 32.Jaundice	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer 40.Migraine 41.Nephritis 42.Pregnancy 43.Rheumatic Arthritis	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder 51.Tuberculosis 52.Ulcers 53.Varicose Veins 54.No specific risks
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4.Any medication for any condition 5.Asthma 6.Back Neck Joint Problems 7.Benign cancer 8.Bladder Infections 9.Chronic Bronchitis 10.Congenital Heart Abnormalities 11.Congenital kidney disorder DECLARATION APPLICANT, I HEREBY DECLARE THAT THE	14.Diabetes Mellitus 15.Disorder of the digestive system 16.Embolism 17.Emphysema 18.Endocrine disorder 19.Epilepsy 20.Fibroid 21.Gall bladder disease 22.Gout	25.Heart disease 26.Hepatitis 27.Hepatitis B 28.Hernia 29.High Blood Pressure 30.High Cholesterol Level 31.Intestinal Fibrosis 32.Jaundice 33.Kidney stone	36.Liver condition 37.Lung disease 38.Malaise 39.Malignant cancer 40.Migraine 41.Nephritis 42.Pregnancy 43.Rheumatic Arthritis 44.Rheumatic Fever	47.Spectacles or contact lenses 48.Stroke 49.Thrombosis 50.Thyroid disorder 51.Tuberculosis 52.Ulcers 53.Varicose Veins 54.No specific risks 55.Others- Please State
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