Sanlam

Sanlam Life Insurance (U) Limited

Educare

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APPLICATION FOR INSURANCE

Proposal No:

1. Child's details

First Name(s) sdf

Surname sdf

Date of Birth Y 2021-07-22 M D D

Gender ☐ Male ☒ Female

Relationship sdf

2. Principal Life to be Assured

First Name(s) sdf

Surname sdf

ID Number sdf

Passport No sdf

Title sdf

Marital Status ☒ Married ☐ Single

Date of Birth 2021-07-05 M M D D

Gender ☐ Male ☒ Female

Occupation sdf

Pin Number sdf

Nationality sdf

Tax Identification Number (TIN) sdf

Citizenship sdf

Residency sdf

2.1. Employment Details

Employed ☒ Yes ☐ No

Employer Code sdf

Employer sdf

Employee Number sdf

Department Code sdf

Employee terms ☒ Temporary ☐ Permanent ☐ Contract

2.2. Business Details

Business Name sdf

Nature of Business sdf

Role of proposer in business sdf

2.3. Telephone Numbers and Email

Cell (Pre-fix for other countries) sdf

Work Phone sdf

Home Phone sdf

Email Address sdf

2.4. Postal Address

P.O. Box sdf

Building sdf

Town sdf

Postal Code sdf

2.5. Physical Address

Building / Village sdf

Street / Location sdf

Town / County sdf

Postal Code sdf

2.6. USA Physical Address (For USA citizens only)

Street sdf

Town / City sdf

Region / State sdf

Postal Code sdf

Proposal No:

3. 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.

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an application for life, sickness, disability, or critical illness insurance on your life ever been declined, deferred withdrawn or accepted with a loading or exclusion? Y/N d
2. Have you ever claimed any benefit from sickness, disability, critical illness, or accident policies? Y/N d
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 hospitalized or received medical advice to alter or discontinue your alcohol consumption? Y/N d
4. Have you, in the last 5 years, suffered from or been diagnosed with any form of: (Tick appropriately)

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

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? Y/N d
6. What is your height? (Ft, Ins) sdf What is your weight? (Kgs) dsdf

   Is your weight [X] 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

sdfsdf

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

sdfsdf

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 sdfsdf

Date Y Y 2021-06-28 M D D

Proposal No:

4. Financial Questionnaire

Weekly Income	Monthly Income	Source of Income
sdf	sdf	sdf

4.1. Occupational and Recreational Hazards

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

A) Changing the nature of your occupation? d

B) Engaging in hazardous occupation? (e.g., working with machinery or electricity) d

C) Engaging in hazardous sports or pastime? (e.g., hang gliding, sky diving, mining etc.) d

D) Engaging in naval, military or air services? d

E) Flying other than as a fare paying passenger by a recognized airline on scheduled in routes d

4.2. Insurance History

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

Name of the Insurer(s) sdf

Date of proposal Y 2021-07-22 M M D D Sum assured sdf

Was it accepted at? ☒ Ordinary terms ☐ Declined or Loaded ☐ Postponed ☐ Special premium

Status ☐ Matured ☐ In-force ☐ Lapsed ☐ Surrender ☐ Cancelled ☒ Other sdf

4.3. Plan Details

Payment Method ☐ Check-off ☐ Direct Debit ☒ Standing Order ☐ Cheques

Premium Payment Frequency ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Direct Debit Instruction Date 2021-07-13 Y M M D D Policy Term sdf

Premium Payable sdf

Initial Premium Payment Account Number sdfs

Regular premium payment account number sdf

4.4. Premium Calculator

ANB	Term	Rate	Sum Assured		Monthly Premium	Non-Monthly Premium
sdf	sdf	sdf	sdf		sdf	sdf
Discount on Non-Monthly	Q – 4%	SA – 6%	A – 8%	-	sdf	sdf
Sub total				=	sdf	sdf
Policy Fee				-	sdf	sdf
Sub total				=	sdf	sdf
0.5 % Training levy				-	sdf	sdf
Total Premium DUE				=	sdf	sdf

Premium in Words sdf

Proposal No:

5. Guardian – For minor beneficiaries

First Name(s)	sdfsdf	Surname	sdfsdf
Date of Birth	Y 2021-07-05 M D D	Gender ☒ Male ☐ Female	Relationship to minor: sdfsdf
Title	sdfsd	Cell (Pre-fix for other countries)	sdfsdf

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

Postal Address ☒ Email ☐ Physical Address

6. Disclosure Checklist – Bank Agency

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

6.1. Agent Status (Please enter your "Y" for Yes or "N" for No)

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

6.2. Advice

1. Have you taken the circumstances of the policyholder into account in-order to satisfy their financial needs s
   - b) Have you done a sufficient needs analysis? s

2. Have you disclosed the following information to the policy holder? s
   - a) Name and type of policy? s
   - b) The premium? s
   - c) Type, extent, and limitations of benefits? s
   - d) That commission is payable on this policy and answered any commission-related questions? s
   - e) The 28-day cooling-off period? s
   - f) Claims notification procedure? s
   - g) Cancellation procedure and surrender? s

6.3. Application Stage

- a) Is the policyholder satisfied with the advice and disclosure that you have given? d
- b) Has the policyholder completed and signed the application form? d

6.4. New business Rater

A.	Gross Regular/Basic Earnings	sdf	UGX	sdf
B.	Total Existing Deductions	sdf	UGX	sdf
C.	Premium for New Policy	sdf	UGX	sdf
D.	Total Deductions (B + C)	sdf	UGX	sdf
E.	New Net Earnings	sdf	UGX	sdf
F.	1/3 of A	sd	UGX	sdf
G.	Test: Is E>F	sd	Y/N, if NO, the application does not qualify	