

PROPOSAL FOR GROUP WELFARE PROTECTION POLICY

Please write clearly and initial all alterations and erasures. Kindly answer all questions fully and personally.

PASSPORT
PHOTOGRAPH

1. DETAILS OF MAIN LIFE TO BE ASSURED

NAME (Surname First)	
STAFF/MEMBER ID	
HOME ADDRESS	
OFFICE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
E-MAIL ADDRESS	
OCCUPATION	
SOURCE OF FUND	

Requirements:

1. Evidence of age in the form of either Birth Certificate or Declaration of Age
2. Means of Identification; any of Driver's License, National ID Card or International Passport.)
3. Address Verification; any of Electricity Bill, Water Bill, Statement of Account or Tenancy Receipt)

DETAILS OF BENEFITS (insert the sum assured and premium)

Mode of Investment contribution: Monthly----- Quarterly ----- H/Yearly----- Yearly -----

EVENTS INSURED	BENEFIT/SUM ASSURED	PREMIUM/CONTRIBUTION
DEATH		
INVESTMENT CONTRIBUTION		
CRITICAL ILLNESS		
PERMANENT DISABILITY		
FUNERAL EXPENSES		
TOTAL		

BENEFICIARY(IES)

S/N	NAME	ADDRESS	PHONE NO	% OF BENEFIT
1				
2				

Please attach the passport photograph of each beneficiary

Declaration

I the undersigned declare to the best of my knowledge that the information provided above are true and can be clarified by FBN Insurance. The information shall be the basis of contract with FBN Insurance Ltd any information found untrue shall nullify the contract.

Dated This ----- Day of -----20-----

Signature of Life Insured -----

Witness' Name -----Address ----- Sign----- Date-----