**GROUP LIFE ASSURANCE PROPOSAL FORM**

 **PROPOSER DETAILS CORPORATE APPLICATION**

1. Registered name of the organization: …………………………………………………
2. Registration number of the organization: ……………………………………………

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ……………………………………………………………………
2. Registered physical address of the organization:

…………………………………………………………………………………………

1. Name of the CD/ MD/ ED / CEO /Authorized representative: ……………………………………………………................................................................
2. Date of Birth: ………………………………………………………………………………..
3. Nationality: …………………………………………………………………………………
4. Passport/ ID number (please attach copy): ………………………………………..
5. Telephone number(s)…………………………………………………………………….
6. Email address(es): ………………………………………………………………………..
7. Names of shareholders if any

**(please attach their ID/ Passport copies)**

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1. Shareholding details (if any)

**(please attach copy of memorandum and articles of association)**

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1. **RISK DETAILS**
2. ***Is the staff Cover based on? – Please tick one***
3. On Fixed benefits
4. Multiple of annual earnings?
5. ***If the cover is based on fixed benefits, state the benefit per person under the following categories:***
	1. ***Death SSP/USD………………………..***
	2. ***PTD SSP/USD…………………………….***
	3. ***Critical Illness SSP/USD…………………***
	4. ***TTD SSP/USD……………………………..***
	5. ***Medical cover SSP/USD………………..***
	6. ***Funeral Expense SSP/USD…………….***
6. ***If cover required is on multiples of annual earnings, provide the following information per person covered:***
	1. ***Number of years’ salary/ earnings for Death………………***
	2. ***Number of years’ salary/earnings for PTD……………. …***
	3. ***Critical illness is 30% of the Sum Assured (Standard)***
	4. ***TTD equals members’ weekly earning (standard) if any***
	5. ***Medical cover if any…………………….***
	6. ***Funeral expense benefits………………..***
7. ***Loss History***
8. Have the company/organization ever taken a Group Life policy in the same names before? (YES) (NO)
9. Have you ever proposed for Group Life Assurance in respect of your employees? (YES) (NO)
10. Has any insurance company ever:-
11. Declined your proposal? (YES) (NO)
12. Required an increased premium? (YES) (NO)
13. Imposed special terms or conditions? (YES) (NO)
14. Cancelled or refused to renew your policy? (YES) (NO)

If the answer to any of the above is yes please give details………………………………………………………………………………….

***Period of Insurance*:** From ………………………………To ………………………………

1. **DECLARATION**

I We the proposer hereby make application to the Insurance Company for Group Life Assurance Policy to be issued to us in accordance with the foregoing particulars and to take effect as from the date of commencement. We declare that the applications for inclusion of all future employees becoming eligible after the date of commencement will be submitted by us to the Insurance Company within one month of the date when they become eligible.

We agree to furnish evidence satisfactory to the Insurance Company of age of each employee to be included in the policy and we further agree that the premium may be adjusted/appropriate underwriting action may be taken based on the medical examination results for members whose sum assured is above the scheme free cove limit (FCL) and that the proposal and declaration together with the application for inclusion submitted for each employee shall form the basis of the contract between us and the **UAP Insurance South Sudan Ltd.**

Signed on this Day \_\_\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_

Official Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_