

ALLIANZ GLOBAL HEALTHCARE PROPOSAL FORM

Please Fill In Block Capitals. (Note: Any alterations in this proposer must be signed)

1. Proposer's details

Full name: Mr. Mrs. Ms. Miss. Dr. Rev.

NIC /Passport no:

Nationality: Sri Lankan Others Gender: Male Female

Date of birth Occupation:

Postal address:

Mobile no: E-mail :

Period of insurance: from to

2. Plan details.

Please tick (√) to indicate the type of plan and voluntary deductible you desire to select

CORE PLAN	LIMIT	OPTION 1	OPTION 2
CLASSIC PLAN	USD 800,000.00	<i>Singapore, Malaysia, Thailand, Sri Lanka & India</i>	<i>Worldwide</i>
GOLD PLAN	USD 1,000,000.00	<i>Worldwide excluding USA / Canada</i>	<i>Worldwide</i>
PREMIER PLAN	USD 1,500,000.00	<i>Worldwide excluding USA / Canada</i>	<i>Worldwide</i>

Voluntary excess per annum

USD 500.00 USD 750.00 USD 1,000.00 USD 2,000.00

3. Health Declaration

All information disclosed will be treated as 'strictly confidential'. All material facts relating to the question should be disclosed. Failure to do so may invalidate the policy. A material fact means any information that would be likely to influence the insurer's assessment and acceptance of this application form. If you are in any doubt whether a fact is material then it should be disclosed.

	YES	NO	If 'yes', please submit details
(i) Have you ever had or been told to have or been treated for: epilepsy / fits, stroke, paralysis / weakness of limb, prolonged headache, nervous breakdown, depression or any other nervous / mental disorders? ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose and throat? asthma, bronchitis, persistent cough, coughing with blood, pneumonia, tuberculosis, breathing complaints / discomfort or any other lung disorders?			

	YES	NO	If 'yes', please submit details
<p>(ii) Have you ever had or been told to have or been treated for:</p> <p>raised cholesterol, high blood pressure, heart attack, mitral valve prolapse or other heart valve disorders, breathlessness, fast heart rate, chest pain, or any disease or disorders of the heart or blood vessels?</p> <p>diabetes mellitus, thyroid disorders or any endocrine disorders?</p> <p>gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorder?</p> <p>jaundice, hepatitis-B carrier or any form of hepatitis, liver or gallbladder disorder?</p> <p>blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?</p> <p>cancer, tumour, cyst or growth of any kind?</p> <p>slipped disc, backache, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?</p> <p>any sexually transmitted disease, e.g. syphilis, gonorrhoea, non-specific urethritis, herpes, HIV infection or AIDS?</p> <p>endometriosis, fibroids, cysts, breast lumps, abnormal pap smear, irregular or painful menstruation or any other disorders of the female organs?</p> <p>anaemia, haemophilia or any disorders of the blood?</p> <p>any other illnesses, disorder, operation, physical disability, accident, hospitalisation, congenital or hereditary disorders not listed above?</p>			
<p>(iii) Do you have a regular doctor? If 'Yes', please state the name and address of your regular doctor and the date, reason and result of last consultation.</p>			
<p>(iv) Have you consulted any doctor/specialist and had investigations done (X-Ray, ultrasound, Electrocardiogram, blood or urine tests) and/or prescriptions, provided for any drugs or medications for any medical conditions other than common illness e.g. flu, common cough etc? If 'Yes', please state details such as reason, date and results of test done and the diagnosis</p>			
<p>(v) Have you been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine? If 'Yes', please state details such as type, reason, date and results of test done and the diagnosis.</p>			

<p>(vi) Have you ever been accepted at special terms or rates, deferred or declined for any application renewal, or reinstatement of life, accident, health disability or other insurance policy? If 'Yes', please provide details on date of application and reason for special terms.</p>													
<p>(vii) Do you engage or have any intention of engaging in hazardous activity or occupation such as private flying, scuba diving, motor racing, mountaineering etc? If 'Yes', please state details such as locations, frequency, depth, etc.</p>													
<p>(viii) Have any of your natural parents or siblings died or suffered from (a) heart disease, (b) high blood pressure, (c) stroke, (d) diabetes, (e) cancer, (f) kidney disease, (g) mental disorder, (h) muscular disorder, or any other hereditary disease? If 'Yes', please state relationship, condition, age of incidence of disease and age of death (if deceased)</p> <table border="1" data-bbox="159 711 1110 845"> <thead> <tr> <th>Relationship</th> <th>Condition/Cause of Death</th> <th>Age at Onset</th> <th>If Deceased, Age of Death</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Relationship	Condition/Cause of Death	Age at Onset	If Deceased, Age of Death									
Relationship	Condition/Cause of Death	Age at Onset	If Deceased, Age of Death										

4. Personal data consent(s)

On behalf of myself consent to Allianz Insurance Lanka Ltd. collecting, using and/or disclosing my personal data to issue and administer my existing and/or new policy or insurance coverage(s) with Allianz Insurance Lanka Limited.

Transferring my personal data to Allianz group and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Sri Lanka or elsewhere, for the above purposes.

5. Declaration

- a) I declare that all information declared above are true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that this application shall be the basis of the contract between Allianz Insurance Lanka Ltd. and me, and that any false, incorrect or misleading statement may render this insurance null and void.
- b) I understand to inform Allianz Insurance Lanka Ltd, immediately in writing of any changes in my state of health occurring after the application has been signed and before the commencement date.
- c) I understand that I can withdraw my application in writing by letter or e-mail, within 14 days from the policy commencement date and provided that I have not submitted a claim, I'm entitled to a refund of the premium based on company short period scale.
- d) I consent to the fact that Allianz Insurance Lanka Ltd, if it considers it appropriate, will check statements concerning my health condition and will check with other health insurers all statements concerning previous, or existing contracts applied for.
- e) I accept that this policy will be subjected to the standard policy terms, exceptions and conditions effective at the time of policy commencement. I confirm that I have read and understood the full definitions, benefits, exclusions and conditions of this policy including the exclusions relating to pre-existing conditions.

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited official website "www.allianz.lk > Home> Contact us' prior to signing of this form/ application/ document.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

.....
Signature of proposer

.....
Date