



Website:www.provident-gh.com E-mail:admin@provident-life.com

SPECIAL INVESTMENT PLAN

Agency:

Policy No:

Agent:

Proposal for Life Assurance

Please write clearly Alterations or erasures must be initialed by the Proposed Assured. Proof of age is required and it is recommended that this should be furnished at once, in order that the age may be admitted on the Policy.

Form with 5 main sections for personal details, assurance terms, medical history, previous proposals, and beneficiaries.

6. Do you intend to reside outside Ghana? YES  NO

7. Age/Next Birthday.....

8. What is your (a) Height..... Weight.....

9. (a) GENDER: MALE

FEMALE  Are you pregnant..... for how long.....

(b) MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED  SEPARATED

(c) If you are a widow/widower, when did your husband/wife die: (c) .....

(d) Cause of death? (d) .....

10. Is there any fact or circumstance affecting your eligibility for assurance which ought to be stated? .....

11. What payment have you made with this proposal? GH¢.....

**MEDICAL HISTORY**

12. Do you suffer from any physical impairment, current illness or are you taking any health drug, having medical advice, treatment, tests or investigations? YES  NO

If yes state the ailment and give details .....

**FAMILY HISTORY**

	IF LIVING!	AGE(S)	IF DEAD!	AGE(S) AT DEATH
13. Father	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....Cause of death.....
Mother	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....Cause of death.....
Brother(s)	No:.....	<input type="checkbox"/>	<input type="checkbox"/>	..... Cause of death.....
Sister(s)	No:.....	<input type="checkbox"/>	<input type="checkbox"/>	.....Cause of death.....

14. Remarks .....

I, hereby declare that I have read the General policy Condition of the PROVIDENT LIFE ASSURANCE COMPANY LTD. and agree to the terms and conditions thereof. I further certify that the above statements and answers are true in every respect and agree that this proposal with further statements to be made and answer to be given before the Medical Examiner of the Provident in connection with this assurance shall be the basis if Policy issued hereon. I further agree to pay the Provident Insurance Company Ltd. the first premium upon the receipt of the Company's letter of acceptance of the present proposal. The policy shall become effective upon the issue of duly signed Provident policy document.

I authorise any physician or other person to disclose any knowledge or information pertaining to try my health I waive all provisions of law forbidding the disclosure of such knowledge or information. I further agree that if any untrue statement be contained in this proposal or in the Medical Examiner's report, all monies which shall have been paid up on account of the said assurance shall be forfeited and the assurance shall be absolutely null and void.

Signed at..... this .....day of .....20 .....

..... Agent ..... Proposer

Provident is only bound by documents bearing the signature of the Managing Director or anybody authorised to sign on his behalf.

The Proposer will undergo Medical Examination by Dr.....

On the.....