



GHANA UNION ASSURANCE LIFE COMPANY LIMITED

Head Office: F 828/1 Ringway Estates, Osu | P.O. Box GP 1185, Accra
Tel.: 0302 783 789/783021/764674.
Fax: +233 302 764 168 | Email: life@gualife.com

APPLICATION FOR GUA LIFE FAREWELL PLAN

NOTE: ALL QUESTIONS MUST BE ANSWERED KINDLY WHERE APPROPRIATE

PERSONAL DETAILS

1. Title (Please circle) Miss/Mrs./Mr./Dr.
 Surname: _____
 First Name: _____
 Other Name(s): _____

2. Gender: *M* *F* Date of Birth: (DD / MM / YYYY)
 Age: _____ Birth Place: _____
 Home Town: _____ Nationality: _____
 ID Type: _____ ID Number: _____

3. Marital Status: *Single* *Married* 5. No. of Children if any: _____
Divorced *Widowed*

6. Postal Address: _____
 Tel. No.: _____ Mobile: _____
 Residential Add.: _____ Email Add.: _____

EMPLOYER DETAILS

Occupation: _____
 How long in Occupation: _____
 Hobby/Pastime: _____
 Name and Address of Employer: _____

 ID Number: _____
 ID Type: *Passport* *Voters'* *National ID* *NHIS*
ID type provided must be valid (not expired)

POLICY AND PREMIUM PAYMENT

1. Benefit Option: Level Cover Automatic Increase
 2. Mode of Policy document delivery: Email Sales Executive
 Post Office pick up 3. Plan selected

DETAILS OF FAMILY MEMBERS TO BE ISSURED

Name	Gender	Relationship	Date of Birth	Age	Sum Assured	Premium
		PRINCIPAL POLICYHOLDER				
TOTAL						

SELECT PLAN

PLAN 1 PLAN 2 PLAN 3
 PLAN 4 PLAN 5

Do you wish to have the information hedge option?
 If YES, please tick the preferred option. YES: NO:

PREMIUM PAYMENT FREQUENCY

Monthly Quarterly
 Semi-Annually Annually

INFLATION PROTECTION (ANNUAL INCREASE)

Annual Premium Increase	5%	10%	15%	20%	25%	30%
Annual Benefit Increase	3.75%	7.5%	11.25%	15%	18.75%	22.50%
Tick Appropriate Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREMIUM PAYMENT TYPE

Cash Standing Order Paypoint
 Cheque CAGD

BANK DETAILS

Name of Bank: _____ Branch Code: _____
 Name of Branch: _____ Account Number: _____

PRIMARY INSURED AND DEPENDANTS (SECONDARY ASSURED)

No.	Life Insured	Age	Sex	Sun Assured GH¢	Monthly Premium GH¢	Relationship
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
GRAND TOTAL:						

BENEFICIARIES OF CLAIM

No.	Name	Age	Sex	Relationship
1.				
2.				
3.				

TRUSTEE(S) (FOR BENEFICIARIES UNDER 18 YEARS)

No.	Name	Age	Sex	Relationship
1.				
2.				

DETAILS OF BENEFICIARIES

Name	Date of Birth	Relationship	Address	Proportion (%)

MEDICAL HISTORY

HEIGHT: _____ WEIGHT: _____

- (A) Are you or any of your nominated lives presently in good health?
 YES: NO:
- (B) Have you or any of your nominated lives at any time suffered from any illness/injury requiring medical/psychiatric/herbal treatment?
 YES: NO:
- (C) Have you or any of your nominated lives ever had an operation or medical examination such as X-ray, ECG and blood or urine test?
 YES: NO:

- (D) Are you or any of your nominated lives suffering from hypertension, diabetes, stroke, kidney or liver problem, asthma, tuberculosis, ulcer, syphilis, rheumatism, hepatitis B, chest pains, fit sickle cell, jaundice, AIDS or any contagious disease?
 YES: NO:
- (E) Are there any other medical problem(s) you will like to reveal for the assessment of this risk?
 YES: NO:

IF ANY QUESTION IS ANSWERED 'YES' ABOVE, PLEASE GIVE DETAILS.

ILLNESS/INVESTIGATION	DATE	RESULTS	DOCTOR/HOSPITAL

(A) How would you rate your consumption of alcohol?
 None Light Moderate Heavy

(B) How many sticks of cigarette do you smoke daily? _____

INSURANCE HISTORY:

- (A) Do you have any insurance life policy? YES: NO:
 If YES, with which company? _____
- (B) Have ever had any life or health insurance any company declined, cancelled, rated, modified, refused issue, renewal or re-instated? YES: NO:
 If YES, please give reason(s) _____
- (C) Do you have policy with GUA-LIFE? YES: NO:
 If YES, please quote policy number _____

DECLARATION:

I,.....
 have carefully read and understand and agree to the terms and policy conditions of the policy. I understand that all premium are made payable to GUA LIFE COMPANY and not payable to the selling agent, agency or any other third party. I also do hereby declare that the information provided on this form is complete and accurate to the best of my knowledge. I agree that the policy shall be effective when this form is duly signed and the first premium is paid in full.

Dated on the.....day of.....20.....

Applicant's Signature

Agent Signature

AGENT INFORMATION:

- 1. First Name: _____
- 2. Surname: _____
- 3. License ID: _____
- 4. Branch Name: _____
- 5. Branch ID: _____
- 6. Tel. No.: _____
- 7. Signature: _____
- 8. Email Address: _____
- 9. Date: _____

FOR OFFICIAL USE

- Proposal Number: _____
- Policy Number: _____
- Issue Date: _____
- Issue Age: _____
- Issue Terms: Standard
 Non Standard
 Premium Loading if Non-Standard
- Approved By: _____
- Signature: _____ Date: _____



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APPLICATION FOR GUA LIFE NANTIE YIE INSURANCE PLAN

NOTE: ALL QUESTIONS MUST BE ANSWERED KINDLY WHERE APPROPRIATE

PERSONAL DETAILS

1. Title (Please circle) Miss/Mrs./Mr./Dr.
 Surname: _____
 First Name: _____
 Other Name(s): _____
2. Gender: *M* *F* Date of Birth: (DD / MM / YYYY)
 Age: _____ Birth Place: _____
 Home Town: _____ Nationality: _____
 ID Type: _____ ID Number: _____
3. Marital Status: *Single* *Married* 5. No. of Children if any: _____
Divorced *Widowed*
6. Postal Address: _____
 Tel. No.: _____ Mobile: _____
 Residential Add.: _____ Email Add.: _____

EMPLOYER DETAILS

- Occupation: _____
 How long in Occupation: _____
 Hobby/Pastime: _____
 Name and Address of Employer: _____

 ID Number: _____
 ID Type: *Passport* *Voters'* *National ID* *NHIS*
ID type provided must be valid (not expired)

MODE OF PREMIUM PAYMENT

- Monthly Quarterly
 Semi-Annually Annually

SELECT PLAN

GOLD SILVER BRONZE

Do you wish to have the information hedge option?

If YES, please tick the preferred option. YES: NO:

BILLING TYPE

- Direct Collection/Patment Salary Deduction
 Pre-Authorised Cheque Accountant General's Department

PRIMARY INSURED AND DEPENDANTS (SECONDARY ASSURED)

No.	Life Insured	Age	Sex	Sun Assured GH¢	Monthly Premium GH¢	Relationship
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
GRAND TOTAL:						

BENEFICIARIES OF CLAIM

No.	Name	Age	Sex	Relationship
1.				
2.				
3.				

TRUSTEE(S) (FOR BENEFICIARIES UNDER 18 YEARS)

No.	Name	Age	Sex	Relationship
1.				
2.				

MEDICAL HISTORY

HEIGHT: _____ WEIGHT: _____

(A) Are you or any of your nominated lives presently in good health?

YES: NO:

(B) Have you or any of your nominated lives at any time suffered from any illness/injury requiring medical/psychiatric/herbal treatment?

YES: NO:

(C) Have you or any of your nominated lives ever had an operation or medical examination such as X-ray, ECG and blood or urine test?

YES: NO:

(D) Are you or any of your nominated lives suffering from hypertension, diabetes, stroke, kidney or liver problem, asthma, tuberculosis, ulcer, syphilis, rheumatism, hepatitis B, chest pains, fit sickle cell, jaundice, AIDS or any contagious disease?

YES: NO:

(E) Are there any other medical problem(s) you will like to reveal for the assessment of this risk?

YES: NO:

IF ANY QUESTION IS ANSWERED 'YES' ABOVE, PLEASE GIVE DETAILS.

ILLNESS/INVESTIGATION	DATE	RESULTS	DOCTOR/HOSPITAL	LIFE COVERED

(A) How would you rate your consumption of alcohol?

None Light Moderate Heavy

(B) How many sticks of cigarette do you smoke daily? _____

INSURANCE HISTORY:

(A) Do you have any insurance life policy? YES: NO:

If YES, with which company? _____

(B) Have ever had any life or health insurance any company declined, cancelled, rated, modified, refused issue, renewal or re-instated? YES: NO:

If YES, please give reason(s) _____

(C) Do you have policy with GUA-LIFE? YES: NO:

If YES, please quote policy number _____

AGENT INFORMATION:

1. First Name: _____

2. Surname: _____

3. License ID: _____

4. Branch Name: _____

5. Branch ID: _____

6. Tel. No.: _____

7. Signature: _____

8. Email Address: _____

9. Date: _____

DECLARATION:

I declare to the best of my knowledge and belief that all the above statements are true and shall be the basis of the contract between me and the Company I have made a proposal for this Life Assurance.

Signed at

Date

Signature of Proposer

Signature of Agent

FOR OFFICIAL USE

Proposal Number: _____

Policy Number: _____

Issue Date: _____

Issue Age: _____

Issue Terms: Standard

Non Standard

Premium Loading if Non-Standard

Approved By: _____

Signature: _____ Date: _____



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APPLICATION FOR GUA LIFE DREAM PROJECT PLAN

NOTE: ALL QUESTIONS MUST BE ANSWERED KINDLY WHERE APPROPRIATE

PERSONAL DETAILS

1. Title (Please circle) Miss/Mrs./Mr./Dr.
 Surname: _____
 First Name: _____
 Other Name(s): _____

2. Gender: M F Date of Birth: (DD / MM / YYYY)
 Age: _____ Birth Place: _____
 Home Town: _____ Nationality: _____
 ID Type: _____ ID Number: _____

3. Marital Status: Single Married 5. No. of Children if any: _____
 Divorced Widowed

6. Postal Address: _____
 Tel. No.: _____ Mobile: _____
 Residential Add.: _____ Email Add.: _____

EMPLOYER DETAILS

Occupation: _____
 How long in Occupation: _____
 Hobby/Pastime: _____
 Name and Address of Employer: _____

 Tel. No.: _____ Email: _____
 Position: _____
 ID Number: _____
 ID Type: Passport Voters' National ID NHIS
ID type provided must be valid (not expired)

POLICY AND PREMIUM DETAILS

Premium: _____ Name of Bank: _____
 Protection Cover (Sum Assured): _____ Name of Branch: _____
 Risk Premium: _____ Branch Code: _____
 Terms (in year): _____ Account Number: _____
 Cash Direct Debit Controller (CAG)
 Cheque Corporate Payment Frequency: Monthly Quarterly
 Semi-Annually Annually

AUTOMATIC ANNUAL BENEFIT INCREASE OPTIONS

Annual Premium Increase	5%	10%	15%	20%	25%	30%
Tick Appropriate Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cover Option Selected: Standard Automatic Increase
 Preferred Mode of Policy document delivery:
 Email: Sales Executive Post

INSURANCE HISTORY

(A) Do you have any insurance life policy? YES: NO: If YES, list company(ies) and the sum(s) assured:

COMPANY NAME	SUM ASSURED (GH¢)
1.	
2.	
3.	

Have you ever been refused life assurance, your application deferred or had any special terms imposed on it? If so when and by which company?

MEDICAL HISTORY

HEIGHT: _____ CM. WEIGHT: _____ KG

(A) Are you or any of your nominated lives presently in good health?

YES: NO: If No, kindly give details _____

(B) Please have you been diagnose with any major ailment in the last five years

YES: NO: If No, kindly give details _____

Name of Doctor: _____

Contact Address of Doctor: _____

Contact Number: _____

Other Medical Information	Answer 'Yes' or 'No'	If 'yes' please give full details
a. Have you been treated for or on medication for blood pressure?		
b. Have you been treated for or on medication for cholesterol?		
c. Have you been treated for or on medication for diabetes?		
d. Have you ever suffer from stroke?		
e. Have you been treated for or on medication for any heart disease?		
f. Have you had an HIV test in the last year?		
g. Have you had tests for hepatitis B or C in the last year		

BENEFICIARIES INFORMATION

Name Of Beneficiary	Date Of Birth	Sex	Relationship	Percentage	Telephone Number
1.					
2.					
3.					

TRUSTEE INFORMATION (In case where beneficiary is less than 18 years old)

Name Of Trustee	Relationship	Date of Birth	Telephone Number

DECLARATION:

I.....
 have carefully read and understand and agree to the terms and policy conditions of the policy. I understand that all premium are made payable to GUA LIFE COMPANY and not payable to the selling agent, agency or any other third party. I also do hereby declare that the information provided on this form is complete and accurate to the best of my knowledge. I agree that the policy shall be effective when this form is duly signed and the first premium is paid in full.

Dated on the.....day of.....20.....

 Applicant's Signature

 Agent Signature

AGENT INFORMATION:

FOR OFFICIAL USE

1. First Name: _____
2. Surname: _____
3. License ID: _____
4. Branch Name: _____
5. Branch ID: _____
6. Tel. No.: _____
7. Signature: _____
8. Email Address: _____
9. Date: _____

- Proposal Number: _____
- Policy Number: _____
- Issue Date: _____
- Issue Age: _____
- Issue Terms: Standard
 Non Standard
 Premium Loading if Non-Standard
- Approved By: _____
- Signature: _____ Date: _____