

PROPOSAL NO:

POLICY NO:

ISO 9001:2008

Certified Company

Janashakthi Insurance PLC
(Company Registered No. PB307/PQ)
No.75, Kumaran Ratnam Road, Colombo 02.



Proposal For Life Insurance

All questions must be answered truthfully and completely as the answers to these questions will influence the assessment and acceptance of your application. False answers or failure to disclose all material facts will invalidate the policy in the event of a claim. Therefore, if you have any doubt as to whether certain facts are material, it is in your interest to disclose them. If any medical examination is required to consider this proposal the same should be done by a doctor who is legally qualified and duly licensed but not the spouse or a close relative of the life to be assured.

Please complete using **BLOCK CAPITALS/**
Do not use **TIPPEX**

Answers given in dots, dashes or cross marks
will not be accepted.

1. Life to be assured (Main Life) [when there is no applicant] or Applicant

1.1 Full Name

1.2 Name with initials - Mr/ Mrs/ Miss/ Rev/

1.3 Marital Status (Please mark with a "√")

Married	Single
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1.4 Address for Correspondence

Delivery address (if different to correspondence address)

1.5 Telephone: (Mandatory)

Land:	Mobile:	E-mail:
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1.6 Date of Birth

Age at next birthday

NIC No: (mandatory)

D	D	M	M	Y	Y	Y	Y	Years											
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1.7 Occupation

Name of the Company/ Institution and Nature of duties

Monthly Income

		Rs.
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2. Spouse or Life to be Assured (when there is an applicant)

2.1 Full Name (*Spouse/ Life to be assured) - * Delete the inapplicable

2.2 Name with initials - Mr/ Mrs/ Miss/ Rev/

2.3 Marital Status (Please mark with a "√")

Married	Single
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2.4 Address for Correspondence

2.5 Telephone: (Mandatory)

Land:	Mobile:	E-mail:
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2.6 Date of Birth

Age at next birthday

NIC No: (mandatory)

D	D	M	M	Y	Y	Y	Y	Years											
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2.7 Occupation

Name of the Company/ Institution and Nature of duties

Monthly Income

		Rs.
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3. Children Details (Please complete only if you require Hospital and/ or Critical Illness covers for children)

Child	Name in Full	Date of Birth	Male/ Female
1		DD/MM/YYYY	
2		DD/MM/YYYY	
3		DD/MM/YYYY	

4. Nominee/s Details (Please indicate date of birth only if any nominee does not have a NIC)

	Name in Full	NIC No. or Date of Birth	Relationship to the Life Assured	%
1				
2				
3				
4				

Agent's Name :

Code No :

Contact No :

PRO/2015/01E

5. Plan Type (Please mark with a “√”)					
Janashakthi Cash Advance		Shilpashakthi		Life Investment II	Janashakthi Life Unlimited
Janashakthi Jeevitha Varhana		Swarnashakthi		Life Saver	Suwashakthi

6. Benefit - Main Life, Spouse & Children

Benefit	Main Life	Spouse	Child 1	Child 2	Child 3
Sum Assured/ * Contribution (Rs.)					
Personal Accident Cover (Rs.)					
Additional Life Cover (Rs.)					
Critical Illness Cover (Rs.)					
(a) Hospitalization-Daily Benefit per day (Rs.)					
(b) Hospitalization-Reimbursement (Rs.)					
Family Income Benefit (Rs.)					
*Funeral Expenses (Rs.)					

* Applicable only for Life Investment II plan

Applicable only for Janashakthi Life Unlimited plan

Please mark with a “√” the period of Hospitalization benefit you selected (a) or (b) above	During the policy term & after maturity	Only after maturity (The benefit requested above (a) or (b) be doubled)
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7. Premium Details (* Please mark with a “√”)

Amount (Rs.)	Period of Policy	* Frequency	Mly	Qly	Hly	Yly	Single	* Method	Direct	Salary	Bank SO	Other
	...Years											

8. Previous & Current Life Insurance Details

Please provide previous & current Life Insurance details including the proposals declined, by any Insurance Company and any other Proposals for Insurance submitted along with this proposal

Life Assured	Company Name	Policy/ Proposal No	Policy Issue/ Proposal Submitted date	Total Sum Insured for death	Accident Benefit Amount	Critical Illness Benefit Amount	Hospitalization per day amount	*Current Status
Main Life								
Spouse								

*(Inforce, Lapse, Surrendered, Cancelled, Declined, Other)

9. Height & Weight

Main Life				Spouse			
Height	cms/ins	Weight	kgs/lbs	Height	cms/ins	Weight	kgs/lbs

10. Habits (Smoking & Drinking)

	Yes	No	Type	Number/ Quantity *(per week)	How long?
Main Life	Do you smoke?				yrs
	Do you consume Alcohol?			ml	yrs
Spouse	Do you smoke?				yrs
	Do you consume Alcohol?			ml	yrs

* If the number/ Quantity are not per week, please state frequency inside the cage (eg: per day, per month)

11. Please complete the following details about your family.

(i)	Main Life				Spouse			
	If living		If deceased		If living		If deceased	
	Present Age	State of health	Age at death	Cause of death	Present Age	State of health	Age at death	Cause of death
	Father				Father			
	Mother				Mother			
	Brother/s				Brother/s			
	Sisters/s				Sister/s			
	Spouse				Spouse			

(ii)	Main Life		Spouse	
	Yes	No	Yes	No.
1. Is there any member of your family (Father, Mother, Brother or Sister) suffered/ suffering from diabetes, hypertension, cancer, heart disease, kidney disease, stroke, hereditary disorder or mental illness?				
2. Has there been a death in any members of your family below the age of 60 years?				

12. Medical History - Main Life and Spouse/ Children

(Please follow the same sequence order for children as indicated in question No.3)

Q No	(Please mark a “tick” in the appropriate box) Questions in respect of spouse and children to be answered if they are to be insured	Main Life		Spouse		Child							
		Yes	No	Yes	No	1		2		3			
						Yes	No	Yes	No	Yes	No		
1	Have you/ your child visited a doctor in the last 3 year?												
2	Have you/ your child ever been subject to any medical condition, illness or injury which has already affected your/ child’s health or any do so in the future?												
3	Have you/ your child ever undergone or been advised to under go an operation, X-ray, medical check-up or investigation at a hospital or elsewhere?												
4	Have you/ your child ever had an illness, accident or injury requiring an overnight stay in hospital?												
5	Are you/ your child at present receiving medical treatment or taking any medicine or drugs, or have knowledge of any impending medical or surgical tests or treatment?												
6	Have you or your dependents ever been in a state of anxiety, depression or had any mental, nervous, neurological disorder?												
7	Have you/ your child ever been physically disable in any manner or had any defect due to injury or disease? If so give details.												
8	Do you have/ does your child has any physical disability, deformity or impairment?												
9	Have you remained absent from work on grounds of ill health during the last three years for more than three consecutive days?												
10	Have you/ your child ever suffered from or been treated for												
	(a) ailments of the heart, circulatory problems, high blood pressure, stroke												
	(b) diabetes, ailments of kidneys’ genito-urinary system, eyes, ears												
	(c) ailments of the brain, central nervous system or any mental illness												
	(d) cancer, cyst, tumour or blood cancers												
	(e) multiple sclerosis, arthritis, rheumatism												
	(f) hepatitis, AIDS or an AIDS related condition or surgical tests or treatment												
	(g) respiratory or lung disease such as Asthma, bronchitis, persistent cough												
	(h) ailments of digestive system, gall bladder or liver such as actual or suspected ulcer, bleeding from bowel, recurrent indigestion, gall stones, hernia												
11	Have you/ your child ever suffered from any illness or disorder												

If the answer to the question No.12 is “Yes”, please provide more details below.

13. Additional Questions

		Main Life		Spouse	
		Yes	No	Yes	No
1	Do you have any intention of engaging in any hazardous occupation? If “Yes”, please give details below.				
2	Do you engage or intended to engage in any hazardous sport such as hunting, motor racing, motor cycle racing, skiing, deep sea diving? If “Yes” please give details below.				
3	Have you ever been arrested for or convicted of any criminal offense? If “yes”, please give details below.				
4	Do you or any member of your family have or ever had any kind of threat on your life/ their lives? If “yes”, please give details below.				

Additional Signature of Main Life:

14. Specific Questions for Females

		Yes	No
1	Are you pregnant at present? If "yes", give the last date of menstruation DD/MM/YYYY		
2	Have you been advised of or treated for any complication in your previous pregnancies, abnormality of pregnancy or confinement eg: Caesarian section or miscarriage?		
3	Have you had any disorder of the female organs (breasts, ovaries, uterus) or any? If so please give details below.		

15. Preferred Language to have the policy document and for correspondence

(Please mark with a "√") Sinhala Tamil English

If the language the form is completed differ from the language that I/ We require the policy document, I/ We confirm that I/ We are fully conversant with both languages.

16. Declaration

I/ We & DECLARE with best of my/ our knowledge as at date the statements made in this proposal are true in every respect and that I/ We have not withheld any information requested therein and that such statements and this declaration and statement made to the medical examiner shall form the basis of the proposed contract and agree that if any untrue averment be contained therein the said contract shall be absolutely null and void.

I/ We will inform Janashakthi Insurance PLC of any change to any material fact accruing before acceptance of this application and I/ We understand that failure to do so will result in the proposed contract being null and void.

I/ We hereby authorize the Company to seek medical information from any doctor or hospital with regard to my / our physical or mental health condition, or to seek information from any Insurance Company to which a proposal has been made for insurance on my life / our lives at anytime during my / our life time or after my death/ our deaths if required. And, I also hereby authorize such company, Hospital and/or Personnel to provide such information on request.

Signature of Main Life: Signature of Applicant/ Spouse:
Date: Date:

Witness

Name: Signature:
Occupation: NIC No:
Code No (if any) :

Details of the Initial Deposit Made

Installment premium for the assurance Rs.
Initial deposit amount Rs.
payment method Cash Cheque
Date of payment Cheque No. Bank

I confirm that the proposal was checked by me

For branch office use only

		Yes	No
Q11	Is any of the questions answered "Yes" ? for Main Life/Spouse		
Q12	Is any of the questions answered "Yes" ? for Main Life/Spouse/any child		
Q13	Is any of the questions answered "Yes" ? for Main Life/Spouse		
Q14	Is any of the medical questions answered "Yes" ? for Main Life/Spouse		

Name : Officer 's signature EPF No :

රක්ෂණ උපදේශකගේ රහස්‍ය වාර්තාව
காப்புறுதி ஆலோசகருக்கான இரகசிய அறிக்கை
CONFIDENTIAL REPORT OF THE INSURANCE ADVISOR

යෝජනා පත්‍ර අංකය }
 பிரேரணை இல. }
 Proposal No. } LRR.....

ශාඛාව }
 கிளை }
 Branch }

1. රක්ෂණවරයා ලබාගන්නා/ යෝජකයාට ඔබගේ ඥාති සම්බන්ධයක් තිබේද? ඔව් නැත
 நீங்கள் காப்புறுதிதாரர் / விண்ணப்பதாரரின் உறவினரா? ஆம் இல்லை
 Are you related to the Life to be Assured/ Proposer? Yes No

2. රක්ෂණවරයා ලබන්නා ඒ සඳහා සුදුසුකම් ලැබීමට බලපාන අබලතාවයක් හෝ අසාධක දෘශ්‍යමාන ලක්ෂණ තිබේද? ඔව් නැත
 காப்புறுதிதாரரின் தோற்றத்தில் காப்புறுதிக்கான பொறுத்தப்பாட்டினை பாதிக்கும் வகையில் ஏதேனும் நோய் ஆம் இல்லை
 நிலமை அல்லது உடல் குறைப்பாடுகள் காணப்படுகிறதா? Yes No
 Are there any apparent signs of deformity or ailment affecting the suitability of the life to be Assured?

එසේ නම්, කරුණාකර විස්තර සපයන්න
 ஆம் எனில், விபரங்கள் தரவும்
 If so, Please give details

3. ඔබ සිතන ආකාරයට යෝජනා පත්‍රයෙහි රක්ෂණවරයා ලබන්නා විසින් සඳහන් කර ඇති ඔහු පරිභෝජනය කරන මධ්‍යසාර ප්‍රමාණය සහ පාවිච්චි කරන දුම්වැටි ප්‍රමාණය නිවැරදිද? ඔව් නැත
 காப்புறுதிதாரரால் வழங்கப்பட்டுள்ள சிகரட் மற்றும் மதுபான பாவணை தொடர்பான தகவல்கள் சரியானவை ஆம் இல்லை
 என கருதுகின்றீர்களா? Yes No
 Do you feel that the quantity of alcohol consumed and cigarettes smoked as stated by the Life to be Assured are accurate?

එසේ නම්, කරුණාකර විස්තර සපයන්න
 இல்லை எனில், விபரங்கள் தரவும்
 If not, Please give details

4. රක්ෂණවරයා ලබන්නාගේ (a) රැකියාව, (b) රැකියාවේ (a)
 ස්ථාවරය, (c) මාසික ආදායම සඳහන් කරන්න.
 தயவு செய்து காப்புறுதிதாரரின் (a) தொழில், (b)
 கடமைகளின் தன்மை (c) மாதாந்த வருமானம்
 என்பவற்றை குறிப்பிடுக.
 Please state (a) Occupation, (b) Nature of duties and (c)
 monthly income of the Life to be Assured රු. ரூபா. Rs.

5. සැලකීමට අදහස් කරන වෙනත් තොරතුරු තිබේ නම්,
 ஏதேனும் மேலதிக விபரங்கள் தர விரும்புகின்றீர்களா?
 Is there any other information you would like to provide

6. රක්ෂණවරයා ලබන්නාගේ පුරුදු, විනෝදාංශ හා ගති පැවැත්ම සැලකිල්ලට ගැනීමේදී එම ඔව් නැත
 ආවරණය ලබාදීමට ඔබ අනුමත කරන්නේ ද? ஆம் இல்லை
 காப்புறுதிதாரரின் பழக்கவழக்கம், பொழுது போக்கு மற்றும் ஏனைய நடவடிக்கைகள் Yes No
 என்பவற்றை கருத்தில் கொண்டு அவருக்கான காப்பீட்டினை வழங்க தாங்கள்
 பரிந்துரைப்பீர்களா?
 Do you recommend the cover proposed, considering the habits, hobbies and conduct of the Life to be Assured?

එසේ නොවේ නම්, කරුණාකර විස්තර සපයන්න
 இல்லை எனில், விபரங்கள் தரவும்
 If not, please give details

නම : සංකේත අංකය :
 பெயர் : குறியீட்டு இல. :
 Name : Code No :

අත්සන : දිනය :
 கையொப்பம் : திகதி :
 Signature : Date :

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Proposal No : _____

Check List :

Persons to be covered	Main Insured	Spouse	Child 1	Child 2	Child 3	Child 4
Previous Policies						
Previous Policies if any checked U/W decision						
Previous Policies if any checked claims						
Simultaneous Proposals						

Underwriting Notes :

Final Underwriting decision

Main Life :

Spouse :

No of children } Hospital Cover
 CI Cover

Date : Signature : EPF No: