



**SIC LIFE INSURANCE LTD**

No. 1 Jones Nelson Close, Adabraka Freetown  
 P. O. Box CT-3242 Cantonments - Accra  
 Tel: 0302-678130 / 0307-021257/8  
 Customer Service: 0302-750151/050-1570652 / 050-1456983  
 E-mail: [info@siclife.com.gh](mailto:info@siclife.com.gh) Website: [www.siclife.com.gh](http://www.siclife.com.gh)

**APPLICATION FOR LIFE ASSURANCE  
 (GUARANTEED ENDOWMENT PLAN)**

<b>HEAD OFFICE USE ONLY</b>	<b>SOURCE OF IDENTIFICATION</b>
DATE OF ISSUE: .....	Voter's ID <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/>
POLICY NUMBER: .....	NHIS <input type="checkbox"/> SSNIT Biometric <input type="checkbox"/> Ghana Card <input type="checkbox"/>
APPROVED BY:.....	Date of Issue: _____
	Expiry Date: _____
	Card No.: _____

1. POLICY HOLDER details Title: Mr.  Mrs.  Miss  Dr.

2. Surname:..... First / Middle name:.....

Marital Status..... Date of Birth: / /  Age:

Place of Birth:..... Occupation: **DDMMYYYY** Duration:.....

Phone number(s):..... E-mail address:.....

3. Mailing Address	4. Residential Address	5. Height
		6. Weight

7. Sum Assured GH¢ <input type="checkbox"/> 3,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000	8. Policy Duration (in years) <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 STATE OTHER <input type="text"/> 11. Premium GH¢ Payable <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	9. Additional Benefits a. Premium Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Terminal Bonus? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Payment Mode <input type="checkbox"/> Payroll <input type="checkbox"/> Direct Debit <input type="checkbox"/> Out of Pocket
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12. Automatic Premium Increment

10%     20%     25%     50%     100%

MODE:

Semi-Annually   
 Annually   
 Others

13. Beneficiary (ies) in the event of death

Full name of Beneficiaries	Gender (M/F)	Age	Share (%)	Relationship with the insured

14. Trustee

Full name of Trustee	Age	Phone Number(s)	Address

**15. MEDICAL DETAILS:**

- a. Have you been hospitalized at any time during the last six months? **YES / NO**
- b. What is your average daily consumption of alcohol?
- c. How much Cigarette / Tobacco do you smoke daily?
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- d. Do you currently have or have you ever had:- **YES / NO**
- (a) Any Chest Pain, High Blood Pressure or Heart Disorder? **YES / NO**
- (b) Any Disorder of the Kidney, Liver, Urinary Tract or Respiratory Nervous, Digestive, or Reproductive System? **YES / NO**
- (c) Cancer, Tumour, Diabetes, Ulcer, Epilepsy, Emotional or Mental Disorder? **YES / NO**
- e. Have you been diagnosed or treated for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any Sexually Transmitted Disease? **YES / NO**
- f. Have you received any medical or surgical advice or treatment for any ailments, Injury or Sickness during the past 5 years other than those listed above? **YES / NO**
- g. Are you currently taking any medication? If "yes" give type of medication and Dosage **YES / NO**

h. GIVE DETAILS OF "YES" ANSWER TO ABOVE QUESTIONS:  
(You may attach extra sheets of paper if necessary)

i. Do you have any life assurance policy? If so, list names of companies and sums assured.

I REPRESENT that all statements and answers made above or attached to this application are true and complete to the best of my knowledge and belief, and that I have not withheld any material fact. I AGREE that this application shall be the basis of this contract. I UNDERSTAND that the Policy shall not be in effect until the Effective Date specified in the contract and when all of the following conditions are met:-

- (a) This application is approved by the SIC LIFE INSURANCE LTD (the "Company");
- (b) The first premium is paid;
- (c) The Policy has been issued to and received by me and I am in good health; and
- (d) The statements and answers made above or attached hereto continue to be true and complete.

I also confirm that I have checked and found correct any statement that is not in my hand writing.

DATED THIS.....DAY OF.....20.....

.....  
**Signature of Life Proposed**

.....  
**Name of Authorised Agent and Number**