FijiCare Insurance Limited

Application Form

Your Duty Of Disclosure

It is very important that the answers on your application are true, correct and complete. Claims can be reduced or refused, if it is later found that wrong information has been given.

FNPF #: Employer: EDP # (where applicable) :

Residential Address: Telephone:

Postal Address: Date of Employment:

Date Of Birth: Marital Status: Sex: Nominated Doctor:

Height: Weight: Smoker: Yes No

Applicant Name(s)	Sex	Ht	Wt	DOB	BrHp	SiHp	GdHp	Ot	Rot	Dt	Op
					☐	☐	☐	☐	☐	☐	☐

Dependent Name(s)	Sex	Relationship to Applicant	Ht	Wt	DOB							
						☐	☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐	☐	☐

** CODING : Bronze hospitalisation (BrHp) Silver hospitalisation (SiHp), Gold hospitalisation (GdHp) / Outpatient Nominated (Ot) / Outpatient Reimbursement (Rot) / Dental (Dt) / Optical (Op)*

PERSONAL STATEMENT

To the best of your knowledge have you, or any of your listed dependants:

		YES/NO
1.	Ever had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, kidney or liver or bowel disease, digestive disorder, lung disease, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or AIDS?	
2.	Ever consulted a doctor for medical or surgical advice or treatment of any ailment, injury or sickness.	
3.	Ever had an application for Life and/or Dread Disease Insurance declined or deferred by a life or general insurance company or society or accepted with a loading or otherwise as submitted or received a disability benefit?	
4.	Ever engaged or intend to engage in any hazardous occupation, sport or other pursuit, or intend to engage in aviation other than as a fare-paying passenger on a commercial airline?	

If you have answered "YES" to any of the questions, please give full details below, showing:
Date: Doctor's Name: Hospital: Reason:

It is important that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. These are facts that an insurer would regard as likely to influence the assessment and acceptance of an application. If you fail to do so and a policy is issued, all or part of the benefit may not be available. If you are in any doubt as to whether certain facts are relevant, you should disclose them.

Details of "YES" answers to the above questions:

(Don't forget the name and address of the treating doctor for any conditions you have mentioned.)

I/We, the life to be insured, declare that:

1. I/we hereby apply for membership to FijiCare and certify that the declaration listing dependants is true and correct.
2. The answers given above and/or to the Medical Examiner for FijiCare Insurance Limited are true.
3. Any Medical Practitioner who has or may be consulted by me or any of my dependants is authorised to divulge at any time to FijiCare Insurance Limited any information with regard to myself & them.
4. I/we waive all professional confidence and provisions of the law relating to privilege forbidding disclosure material to the insurance cover.
5. Any untrue statements I/we may have made, or material information I/we may have withheld may result in the contract being declared void.
6. The company will be free from all liability until the proposal has been accepted and the policy issued.
7. All notices shall be sent to FijiCare Insurance Limited, P O Box 15808, Suva, Fiji.

Signature Of Applicant: _____ **Date:** _____

Witness: _____ **Date:** _____