

Health Declaration Form

Individual Scheme Member

Please answer all sections contained in this Membership Form. Kindly insert a tick (✓) as appropriate.

Scheme TEWF Group Loan Protection Scheme

Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr	If Other, <i>Please specify</i>	<input style="width: 100%;" type="text"/>
First Name(s)	<input style="width: 100%;" type="text"/>	Last Name	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%;" type="text"/>	National ID No.	<input style="width: 100%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Height	<input style="width: 50%;" type="text"/> m <input style="width: 50%;" type="text"/> cm	Weight	<input style="width: 100%;" type="text"/> kg
Nationality	<input style="width: 100%;" type="text" value="Mauritian"/>	Country of Residence	<input style="width: 100%;" type="text"/>
Residential Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
Phone	<input style="width: 100%;" type="text" value="Mobile"/>	Email Address <small>(Kindly insert your personal email address)</small>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text" value="Home / Office"/>		

Employment Details

Sector	<input style="width: 100%;" type="text"/>
Occupation	<input style="width: 100%;" type="text"/>

Loan Details

Loan Amount	<input style="width: 100%;" type="text"/>
Term (Years)	<input style="width: 100%;" type="text"/>

Health Declaration

Kindly answer the following questions and in case of 'Yes' please supply full details in the space provided. (Name and address of your treating doctor, as well as the date and nature of the consultation or treatment should be given).

Important Note : To the best of my knowledge and belief all the statements made below are true and complete. I agree this disclosure will form part of the basis of the contract. Any misstatement in this declaration may affect the payment of benefits under the policy.

- a. Do you presently suffer from any illness or have any physical defect or infirmity? Yes No
- b. Are you currently or have you in the past consulted any Doctor for any medical treatment / illness/ medical condition or received any medical advice for any illness/ medical condition? Yes No

- c. Have you undergone or are due to have a surgical operation? (Operations /Ventilation)? Yes No
- d. Have you required admission to a hospital or clinic for longer than 24 hours (excluding pregnancy and operations for tonsils, appendix and dental pruposes)? Yes No
- e. Have you undergone blood tests or any other investigations during the last year? If yes, please give reasons and results Yes No
- f. Does anyone of your immediate family member (Parents, brothers, sisters) suffered / suffer from or died as a result of diabetes, heart disease, high blood pressure, raised cholesterol, cancer or any other health complications? Yes No

If any of the above questions are answered in the affirmative, please provide details below:

Ques No	Details

Declaration

I declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete.

Furthermore, I undertake to inform the Company promptly of any changes regarding:

- (i) My health condition prior to the effective date (date the proposal becomes a policy) of this life assurance.
(ii) My personal data including but not limited to my/occupation, tax status during the currency of this policy.

I agree to the terms and conditions for processing of my application. I, the undersigned declare that the statements and answers given are true and complete and that this declaration shall form the basis of the proposed contract of assurance on my life made to the company. I consent the company seeking medical information from any doctor /person who at any time attended me and I hereby authorise the giving of such information.

- I have read SICOM Group's Privacy Policy and I agree to the collection, use, storage and disclosure of my personal data as set forth in the Privacy Policy. I have taken note that the Privacy Policy can be availed of on SICOM Group's website.
- I would like to register for SICOM Group's Customer Portal, which will allow me to access my detailed account information online, and I hereby agree that my personal data may be stored overseas.
- I agree to communicate and transact electronically with the members of SICOM Group and consent to receive E-Documents in accordance with the Terms & Conditions.
- I agree to receive special offers / promotional items or updates on SICOM Group's services either by post, telephone, e-mail, sms, or any other electronic medium.
- I agree to be contacted for market research purposes and surveys, as part of SICOM Group's ongoing efforts to deliver better customer service.

(Please note that you may withdraw your consent for Marketing at any time by contacting us at compliance@sicom.mu)

Date

Signature