

# Wapic SMART Life<sup>+</sup> Plan

## PROPOSAL FORM

Affix a recent passport photograph here

### GUIDELINE TO FILL THE FORM

1. An individual who assists an applicant to complete this proposal form for insurance shall be deemed to have done so as the agent of the applicant
2. All details are mandatory, except they are not applicable. Please ensure regularity of your signature in all correspondences.
3. Please attach: (i) Recent passport photograph (ii) Means of identification: Nigerian Driver's License, National ID card, International Passport, Voters Registration Card (iii) Evidence of utility bill payment: PHCN, Water Rates etc
4. Please note the liability of the Company does not commence until this proposal has been accepted by Wapic and the premium paid.
5. We do not accept responsibility for any cash payment to our representatives/agents.

### SECTION A: POLICYHOLDER'S DETAILS

Name:  S U R N A M E  M I D D L E N A M E  F I R S T N A M E

Title: Mr  Mrs  Miss  Others  Marital Status: Single  Married  Divorced  Widow  DOB:  D  D  M  M  Y  Y  Y  Y

E-mail:

Address:  T O W N  C I T Y

S T A T E  C O U N T R Y  Nationality:  State of origin:

Telephone:  Alt. Tel:  P.O. Box:

Linked In ID:  Facebook ID

Occupation:  Are you Self Employed?  Y  N  If yes Pls. Indicate:  Partnership  Professional  Sole-Owner

If "No", Employer:  Job Title:  BVN

Annual Income Band: Over N15m  N10.1 - N15m  N7.6 - N10m  N5.1 - N7.5m  N2.6 - N5m  N1 - N2.5m  Below N1m

Means of Identification: National ID Card  Int'l Passport  Driver's License  Voter's Card  Others Pls Specify  Non Nigerian  Resident Permit

### SECTION B: INSURANCE DETAILS

Start Date:  D  D  M  M  Y  Y  Y  Y Annual Contribution(N):  Payment Frequency:  Y  H  Y  Q  M Duration:

Optional Benefits (Riders at a Cost): Permanent Disability  Sum Assured  Critical Illness  Sum Assured  Medical Expenses (Accidental)  Sum Assured

Method of Payment: Cheque  Transfer  Direct Debit  Do you have insurance with Wapic?  Y  N  If 'Yes' Please Give Details

Please state sum assured currently in force on your life  Please state the Insurance Company

Has any proposal on your life ever been declined, postponed, deferred, withdrawn or accepted on special terms?  Y  N  If 'Yes' give details

Wapic Account details:  Access Bank Plc, Account No.: 0775086405

### SECTION C: BENEFICIARIES DETAILS

	FULL NAME	DATE OF BIRTH	AGE (YRS)	RELATIONSHIP	PHONE NUMBER	PPN (%)
PRIMARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTINGENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION D: MEDICAL DECLARATION

Do you have any existing medical condition / Illness?  Y  N  If 'Yes' Please Give Details

Height (ft/inches):  Weight (kg):

### SECTION E: DECLARATION

I, ....., the Life assured, do hereby declare that I have personally checked all the information as given out in this form and confirm that all the answers are true and that I have not concealed or withheld anything with which the assurer should be acquainted with in order to assess my eligibility for assurance. I further declare that the meaning and consequences of all the terms and conditions have been explained to me and that I am fully aware and understand same.

I irrevocably authorize and request any Doctor or other person(s) who may be in possession of, or hereafter acquire, any information concerning my health up to the present time to disclose such information to the assurer. I agree that this authority and request shall remain in force after my demise as well as prior thereto.

Date:  D  D  M  M  Y  Y  Y  Y Signature of the Assured

Witness: Name  Date:  D  D  M  M  Y  Y  Y  Y Signature of the Witness

Policy Document Delivery Address:  Tick if document should be delivered to address above  If otherwise, pls. specify

### SECTION F: FOR OFFICIAL USE ONLY

Staff / Agency Code  Branch / Team MIS Code

Policy Number  Date:  D  D  M  M  Y  Y  Y  Y Signature of Sales Person