

Health Insurance Proposal

Policy Holder Name ----- Agent Name -----
 NRC No. ----- Agent No. -----

1. Insured Name -----
 2. Father Name -----
 3. Date of Birth -----
 4. Place of Birth -----
 5. Nationality -----
 6. Marital Status Yes No
 7. Gender Male Female
 8. Height -----
 9. Weight -----
 10. NRC/Passport No. -----
 11. Occupation -----
 12. Address -----
 13. Contact No. -----
 14. If you are a temporary resident of Myanmar
 Work Visit Other
 15. No. of Unit -----

No.	Type of Cover	Benefits	Unit which can be purchased	No. of Unit
a.	Basic Cover	-Hospitalization caused by a Disease or Accident -Death	Up to 25 units	
b.	Optional Cover (1)	- Surgery - Miscarriage	Up to 25 units	
c.	Optional Cover (2)	- Visit to Hospital / Clinic	Up to 25 units	

Remark - Basic cover,Optional Cover (1) and Optional Cover (2) can be purchased together. Optional Covers cannot be purchased separately. Optional Cover units can be purchased only up to the number of units purchased for Basic Cover.

16. Mode of payment Lumpsum

17. Beneficiary Information
 Name -----
 Date of Birth -----

Father Name -----
 NRC/Passport No. -----
 Relationship -----
 Address -----
 Contact No. -----

18. During the last 3 months, have you had any tests, medical examination, treatments (including surgery, hospitalization), a doctor's recommendation to take medical treatment, instructions to take medicine?
 Yes No If yes, the name of the disease -----

19. During the last year, did you do an X-ray scan, Ultrasound, CT Scan, Tissue sampling, ECG Scan, Urine test, blood test and other check-up? Yes No
 (a) Year of check-up ----- (Year) ----- (Month)
 (b) Findings -----

20. During the past 5 years, have you had any tests, medical examination, treatments (including surgery, hospitalization), a doctor's recommendation to take medical treatment, instructions to take medicine because of the following diseases?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Heart Attack <input type="checkbox"/>	6. Kidney <input type="checkbox"/>	
2. Hypertension <input type="checkbox"/>	7. Liver <input type="checkbox"/>	
3. Lung disease (TB etc.) <input type="checkbox"/>	8. Stomach <input type="checkbox"/>	
4. Diabetes <input type="checkbox"/>	9. Cancer, Tumor <input type="checkbox"/>	
5. Gout disease <input type="checkbox"/>	10. Depression <input type="checkbox"/>	

If you answer "Yes", Name of the disease -----
 Year of check-up ----- (Year) ----- (Month)
 Findings -----

21. If you answer "Yes" for the question (18) to (20), current condition
 Cured at all Still checking Undergoing Treatment The situation is still being monitored

22. Have you had this insurance at any other insurance companies?
 Insurance Company Name -----
 Policy No. -----
 Type of Cover -----
 No. of Unit -----
 Insured Period From ----- To -----

Acknowledgement

1. I hereby announced that the guarantee mentioned above are true and reflected my current health condition.
2. I well known that the insurer will make indemnity only for the covers except the mentioned diseases.
3. I well known that the contract will be declared null and void if those disclosures were incorrect.
4. I am fully aware that those are the basis of the contract which made between the insurer and insured.

We sign at ----- in ----- Township at ----- Day
----- Month ----- Year.

If the insured himself/herself describe incorrect information such as careless expression, misrepresentation, intentionally misrepresentation, cheating in the description of health insurance proposal, it will result in loss of benefits and not be entitled to premium refund.

Policy Holder's Signature -----

Policy Holder Name -----

Witness Signature -----

Name of Witness -----

NRC No. -----

Date -----

Insured Person's Signature -----

Insured Person Name -----

NRC No. -----

Date -----

Health condition by visually

Good Bad

Checker's Signature -----

Checker Name -----

Position -----