BANKERS

GROUP LIFE APPLICATION (OPTIONAL COVERAGE) AMERICAN UNIVERISTY OF BEIRUT

Personal Details

☐Mr. ☐ Mrs. ☐ Miss

Full Name of the Proposed Insured (First, Middle and Family Name)			
Date of Birth (D/M/Y)	Place of Birth	Nationality (1)	Nationality (2)
AUB ID:	Occupation:		

DETAILS OF INSURANCE APPLIED FOR

Benefits	Sum Insured
☐ Death due to Natural Causes	
☐ Death due to Accident	
☐ Total and Permanent Disability, Own or Similar Occupation - Accident & Sickness, Pre-payment (TPD)	
☐ Partial Permanent Disability, Accident & Sickness, Continental Scale - Pre-payment (PPD)	
☐ Passive War Risk with Terrorism applied on Death, TPD, PPD	
Currency ☐ USD ☐ LBP ☐ ……..	

BENEFICIARY(IES)

Full Name (Last, Middle Initial, First)	Relationship	Date of Birth	Full Address and phone number	Share %

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Please answer with "yes" or "no" to the following medical questions:	Yes	No
1) Are you currently unable to work due to sickness or injury, or did you submit or intend to submit a request to the National Social Security or any private insurance company for disability benefit?	☐	☐
2) During the 5 past years, have you been unable to work for more than 30 consecutive days?	☐	☐
3) Have you ever been treated for or are you under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumor, cancer or any other serious illness or infirmity ?	☐	☐
4) Have you ever been seriously injured?	☐	☐
5) Did you have a surgical operation or have you been advised to have a surgical operation?	☐	☐
6) Did you take or are you taking treatment or medication for any disease or disorder?	☐	☐
7) Do you intend to seek medical advice, treatment or have any medical tests performed?	☐	☐
8) Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? If yes, please provide details.	☐	☐
9) Have you smoked any cigarettes within the past 12 months? If yes, state how many per day?	☐	☐
10) Do you have any defect of the vision or hearing? If yes, state to what extent.	☐	☐
11) Do you drink alcohol? If yes, state type and amount per day.	☐	☐
12) Have any of your parents, brothers or sisters died or suffered from heart or circulatory diseases, cancer, diabetes, kidney diseases or hereditary disorders before age 65? If yes, please also indicate at what age this occurred.	☐	☐
13) Do you intend to engage in hazardous activity (e.g. scuba diving) or fly other than as a passenger on scheduled services?	☐	☐
14) Has any application for insurance on your life (life, accident, health) been declined, postponed or accepted on special terms?	☐	☐
Height (cm) _____ Weight (kg) _____		
Please provide detailed explanation to questions answered by 'yes'		

I hereby declare that I am in good health and that all statements and answers made in this application, together with those made in any required medical examination, insurance, medical, travel, residency, occupation and avocation or any other questionnaire or by subsequent amendment there to are full, complete and true and shall form part of the contract of insurance.

I agree that failure to disclose any fact which Bankers Assurance SAL would regard as relevant (that is, fact to influence the assessment and acceptance of this application) or the misrepresentation of any such fact will cause the Insurance Coverage to be declared void.

I hereby authorize any medical professional, hospital, medical care institution, insurer, or any other organization having records - or knowledge of me or my family members' physical or mental health, or any other information which could affect my insurability, to give Bankers Assurance SAL, any such information; this shall include all information related to my medical history, diagnosis, treatment, and medical prognosis.

_____ _____ _____

Dated in (DD/MM/YYYY) City/Country Name & Signature of Proposed Insured

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Signature & Seal of Policy Holder