



CO-OPERATIVE INSURANCE COMPANY PLC

"Co-operative Insurance House" No.74/5, Grandpass Road, Colombo 14.

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WELLNESS PLUS – CRITICAL ILLNESS INSURANCE PROPOSAL FORM

Personal Information

Name in full: Mr/ Mrs/Miss							
Address in Full:							
NIC/Passport No:		Date of birth: (DD/MM/YYYY)			DD	MM	YYYY
Gender:		Marital Status:		Occupation/ Position held:			
Contact No:	Mobile:	Residence:		Email Address:			
Name & Address of the Employer:							
Select the Cover Limit Required (LKR)		500,000/-		1,000,000/-		1,500,000/-	2,000,000/-

(Maximum Entry Age limit is 55 years)

Other Information

1.	(a) Are you in good health?	
	(b) Have you any defect or infirmity? If so, give details	
	(c) Have you undergone any surgical operation or being advised to do so? Please give details and dates?	
	(d) have you ever suffered from spitting or vomiting of blood, any chest or lung or bone or joint illness, rheumatic fever, heart or brain disease, hernia, tuberculosis rheumatism, varicose veins, insanity, cancer, paralysis, asthma, a fit of any kind, diabetes, appendicitis, any disease of the Kidneys, stomach or intestines, or from any nervous or mental disease or fever 4 week duration ? If so, please give particulars and dates.	
	(e) Have you been vaccinated and/or inoculated recently? If so, please state in respect of what disease/s and dates.	
	(f) Have you been exposed to any contagious or infectious disease during the last six weeks?	
	(g) Is there anything hazardous or unhealthy connection with your occupation, or habits of life which render you especially liable to injury or sickness or general ill health?	
	(h) Have you ever suffered from any injury, sickness, disease, or general ill health? Is treatment still being received? If so, please provide particulars.	
2.	(a) Give the names and addresses of doctors from whom you have taken treatment within the last 3 years.	
	(b) Give the name and address of your family Doctor.	

<p>3. Has any office or insurer in respect of life, accident, sickness, or hospital expenses insurance:</p> <p>(a) Postponed or declined a proposal of yours ?</p> <p>(b) Accepted you on special terms ?</p> <p>(c) Canceled or declined to renew a policy of yours ?</p> <p>(d) Required special terms to grant renewal for a policy of yours ?</p> <p>If the answers to any of these questions is "YES" please give complete and accurate details.</p>	
<p>4. Have you ever made a claim under any accident, sickness or medical expenses policy?</p> <p>If so, please give details.</p>	

I hereby declare that the above answers are true and complete, and I have withheld no information whatsoever material to this proposal. I agree that this proposal and declaration, and the truth and completeness of the answers herein, shall be the basis of the contract between me and Co-operative Insurance Company PLC. If the answers now given by me cease to be true and/or incomplete, I undertake to give immediate written notification to the company. I further agree to accept the usual form of policy issued by the company, subject to the terms and conditions therein contained.

Date : -----

Signature of the Proposer

Field/ Sales promotion Officer/ Broker's

Name : -----

Code : -----

Signature : -----

Coop Branch : -----

**LIABILITY OF CO-OPERATIVE INSURANCE COMPANY PLC DOES NOT COMMENCE UNTIL
THE PROPOSAL IS ACCEPTED AND THE COVER IS CONFIRMED IN WRITING.**