Life Insurance COMPANY LIMITED

SINGLE PREMIUM CREDITOR LIFE INSURANCE ENROLLMENT FORM (BELOW NO EVIDENCE LIMIT ONLY)

COMPANY INFORMATION (To be completed by institution only)		
NAME OF INSURED:		
POLICY NUMBER:	**SUM TO BE INSURED:**	
ENROLLEE'S INFORMATION		
Last Name:	First Name:	Middle (initial/s):
Date of Birth:	TRN: Nationality:	Telephone # (home): (work): (Cell) :
Current Address:		
Sex: Male ☐ Female ☐ ***(Please tick)***	Email Address:	
EMPLOYMENT INFORMATION		
Business Name:		
Business Address:		
Phone:	E-mail:	
Position:	How long:	Full time ☐ Part-time ☐ ***(please tick)***

STATEMENT OF HEALTH (PLEASE TICK APPROPRIATE BOX)

	Yes	**No**
1. Have you ever been treated for or diagnosed with any form of cancer?	☐	☐
2. Have you ever been diagnosed with a condition that potentially could be cancerous, such as elevated PSA, Abnormal Pap Smear or Abnormal Biopsy?	☐	☐
3. Have you ever been treated for or diagnosed as being HIV positive?	☐	☐
4. Have you ever been treated for, counselled for, or told you have AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex)?	☐	☐
5. Have you ever been treated for or diagnosed with a Heart Attack or Angina Pectoris?	☐	☐
6. Have you ever been diagnosed with a terminal illness?	☐	☐

If the answer to any of the above questions is 'Yes', unfortunately you are ineligible for this insurance.

DECLARATION AND CONDITIONS:

- I hereby declare that to the best of my knowledge, the answers given and the statements made are complete, full and true and I understand that failure to disclose any important material information deliberately or otherwise will make this contract invalid and no benefits will be paid.
- Coverage ends at age 70 or closure of the loan facility (whichever occurs first).
- Deaths by suicide will not be covered if it occurs less than two years after the date of this application.
- Total Permanent Disability will be assessed by JN Medical Board based on Medical Reports submitted by Claimant.
- Death settlement will be made on principal balance(s) at the date of death – prior arrears are not covered Settlement will be done on submission of requisite documents for the claim.
- I declare that all statements are full, true and complete and agree that I will notify the Insurer If any statement or answer given, changes prior to delivery of Policy or Certificate of Insurance. I understand that any misrepresentation or non-disclosure of information gives JN Life Insurance Company Limited the right to decline or cancel my insurance coverage at whatever time it is discovered.
- I authorize my Physician, Hospital or any other medically related facility to disclose to JN Life Insurance Company Limited information about my health, habits or medical history as well as that of any dependents listed. It is further understood that JN Life Insurance Company Limited reserves the right to request an examination by a Physician of their choice.

Enrollee's Signature..... Date.....

We approve the addition of the Enrollee(s) to the Policy

Name..... Signature..... Date.....