

**Worker's group life insurance proposal**

**Form n°.....**

**1. Insured**

Employer Name:.....  
 Employee's Name:..... First name: ..... Sex:  M  F  
 Profession/Occupation..... Born on: ..... Nationality: ..... Civil status.....  
 District.....Sector.....Cell.....  
 Email..... ID N° ..... Passport N° ..... Tel (1): .....  
 Tel (2): .....

**2. Premiums and guarantees (in Rwf)**

Monthly salary ..... Premium (Minimum: 12,500).....  
 Periodicity:  Yearly  Half-yearly  Quarterly  Monthly  Once  
 Duration of payment of premiums (duration of the pay period): .....Year  
 Modalities of payment of premiums:  Cash  Bank transfer  Cheque  Deduc on from salary

Insured event	Sum Assured	Capital (Frw)
Death/TPD	15 X Monthly Salary	
Par al Permanent Disability	15 X Monthly Salary	
Loss of Income	75 X of Death Capital	
Saving at Maturity	@4.5% Technical rate	

Do you need to share the Death Guaranty with your Spouse?  YES  NO  
 if Yes / Spouse Names.... Spouse Birth date..  
 Share Percentage [.....%]

Do you want to benefit from the family funeral cover ?  YES  NO

If yes, please add 2,500 if your premium (5 % of monthly salary) is less than 22,500 per month. If no, go to 4.

Funeral fees (extendable to family members)	Frw 1,000,000
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**3. Family members covered under Funeral Fees**

SNO	Names	Birth date	Relationship
1			
2			
3			
4			
5			
6			

**4. Beneficiaries**

	Names	Birth date	Relationship	Percentage
In case of life				
In case of death	1			
	2			
	3			
	4			
	5			
	6			

In case of death during the cover period and under conditions of the policy, only the designated beneficiaries will be allowed to collect the sum assured in the proportions defined above. If no allocation has been made, the sum insured will be shared proportionally among the beneficiaries.

Name

Date

Signature

## Questionnaire on the health status

The person to be insured shall every ques on personally, in a clear manner, without deletions or additions. A simple stroke of the pen is not sufficient.

Tick the appropriate blank box corresponding to the right answer. In case of an affirmative answer, give the required precisions using where necessary a separate attached sheet

### Questionnaire for the principal insured

1. Height ( in cm)..... Weight (in kg).....
2. Are you under medical treatment? [ ]No [ ]Yes Which one ? ..... When did you start?
3. Have you recently done these tests

Test	No	Yes	Date and result
Hepatitis (B or C)			
AIDS			
Kidney failure			
Heart diseases			
Diabetes			
Cancer			

4. Have you been operated or will you be operated? [ ]No [ ]Yes Date and reason.....
5. Is there any illness you know you suffer from? [ ]No [ ]Yes Which one?

### Questionnaire for the spouse of the insured (in case the principal insured wants the spouse to be covered)

By completing the spouse's medical status, the insured certifies that any willful wrong information will nullify the cover.

1. Height ( in cm)..... Weight (in kg).....
2. Are you under medical treatment? [ ]No [ ]Yes Which one? .....When did you start?.....
3. Have you recently done these tests:

Test	No	Yes	Date and result
Hepatitis (B or C)			
AIDS			
Kidney failure			
Heart diseases			
Diabetes			
Cancer			

4. Have you been operated or will you be operated? [ ]No [ ]Yes Date and reason.....
5. Is there any illness you know you suffer from? [ ]No [ ]Yes Which one?

I hereby certify to have answered sincerely, without reluctance and having hidden nothing about my past and current health, and hereby acknowledge that any reluctance and or false declaration shall lead to the nullity of the contract.

I expressly authorize the company to get all information deemed useful and necessary from medical doctors who treated me. I authorize those medical to communicate to the company all information requested. I hereby declare to have received and read the information notice regarding the contract.

Done at .....On.....Signature of the person to insured

Preceded by words "Read and approved

<b>For the Company use only</b>		
Issuing agent .....	Code.....	Signature.....
Supervisor: .....		
Particular remarks.....		