Assurex s.a.l.
Insurance and Reinsurance

RELAY®

APPLICATION FORM

(To be remitted to ASSUREX with the relative Questionnaire(s) completed for each person to be insured)

Details on Applicant

Full name	:	
Gender	:	Male ☐ Female ☐
Date of birth (dd/mm/yyyy)	:	/ / Nationality(ies):
Marital status	:	Single ☐ Married ☐ Divorced ☐ Widow ☐
Full address *in Lebanon*	:	
		fixed phone: *Mobile:*
in the country of residence	:	
		fixed phone: *Mobile:*
Email address(es)	:	

Occupation (please give full details including job title, employer's name and exact duties):

Plan applied for

Network	:	Regional ☐	Inter'l ☐
Deductible	:	Yes ☐	No ☐
Number of Critical Illnesses	:	6 ☐	10 ☐

Dependent(s)

Name	Relation (S/C)	DOB (dd/mm/yy)	Gender (M/F)
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Details on underlying cover

Group Policyholder (Employer)	:	
First enrolment date	:	
Expiry date	:	
Insurance Company	:	

(Please attach a copy of the access card of all the family members to be insured, together with an official letter from the insurance company confirming the coverage and a business card, if any.)

Declaration

I, the Applicant consent to ASSUREX SAL seeking medical information from any doctor, Healthcare provider, Insurer, Employer, other organization who at any time has attended me or any member of my family seeking cover with me by this Application, concerning anything which affects our physical or mental health or seeking information from any insurance company/broker/office to which an Application/Proposal has been made for insurance on our health or on our life and I authorize the giving of such information.

I, the Applicant declare that the statements in this application form and in the Medical Questionnaire completed separately for me and for all my Dependents to be insured with me, are true and I agree that this Application and the attached Questionnaire(s) together with the statement(s) made to the Medical Examiner, if any, shall form the basis of the Insurance Contract, in accordance with the Lebanese Code of Obligations and Contracts, Article 974, Paragraph 2.

Signature: **Dated (dd/mm/yyyy):** / /

Head Office: Lebanon, Beirut Downtown, Bab Idriss, Patriarch Hoayeck street, Assurex building.
Phones: + 961 01 982000/1/2/3/4 - **Fax**: + 961 01 982005
P.O. Box: 11-7358 Beirut - www.assurex.com.lb - assurex@assurex.com.lb

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MEDICAL QUESTIONNAIRE

Insured's name :

Applicant's name :

Questionnaire

Height (cm): Weight (kgs): What is your daily consumption of Alcohol ? of cigarettes ?	Yes	No
1 - Do you or have you ever participate in any hazardous activities, private flying or motor racing?		
2 - Have you ever been declined or have you ever received an offer with an increased risk premium for life, health, critical illness, disability or personal accident insurance?		
3 - Do you or have you ever suffered from any illness, disease, accident or injury?		
4 - Are you now under medical observation or undergoing any medical treatment?		
5 - Do you or have you ever undergone any X-Ray, ECG or any surgical operation?		
6 - Have you ever had or been treated for any infectious and parasitic diseases?		
7 - Have you ever had a positive test for antibodies to the AIDS virus, HIV or any type of Sexually Transmitted Diseases?		
8 - Do you suffer or have you ever suffered from diseases of blood and blood forming organs ?		
9 - Have you ever suffered from the Nervous System (Multiple Sclerosis, Alzheimer, Parkinson, Epilepsy ...) or Mental condition, Fainting episode, Blackout, Lit , Paralysis or Psychiatric diseases (depression ...)?		
10 - Do you suffer or have you ever suffered from diseases of the sense organs (defect in hearing or vision, Glaucoma, Cataract ...)?		
11 - Do you suffer or have you ever suffered from diseases of the skin and subcutaneous tissue?		
12 - Do you suffer or have you ever suffered from diseases of digestive system, Gastrointestinal Tract (Stomach, Bowel disorders, Haemorrhoids ...)?		
13 - Do you suffer or have you ever suffered from diseases of the musculoskeletal system, slipped Disc?		
14 - Do you suffer or have you ever suffered from diseases of the lung (Asthma, Chronic bronchitis ...), Respiratory Diseases, Allergic conditions?		
15 - Do you suffer or have you ever suffered from diseases of the kidneys, Urinary System?		
16 - Do you suffer or have you ever suffered from heart diseases (angina pectoris, ischemic heart disease, myocardial infarction...)?		
17 - Do you suffer or have you ever suffered from other circulatory diseases, High Blood Pressure, Hypertension, Stroke, Cerebral Haemorrhage, Varicose Veins or diseases of the vascular system?		
18 - Do you suffer or have you ever suffered from cancer/malignant diseases(leukaemia, Hodgkin ...)?		
19 - Have you ever suffered from a critical illness (Myocardial Infarction, Coronary Artery bypass surgery, Cancer, surgery of the Aorta, Stroke, Blindness, Heart Valve replacement, major Organ transplant, Multiple Sclerosis, Paralysis, Renal failure ...)?		
20 - Do you suffer or have you ever suffered from hereditary, congenital or autoimmune diseases?		
21 - Have you ever had or been treated for any conditions originating in the prenatal period?		
22 - Have you ever had or been treated for any complications of pregnancy, childbirth and the puerperium including abortions?		
23 - Do you or Have you ever suffered from Rheumatic fever, Diabetes, Disc, Spinal disorder, Hernia, Rheumatic or Arthritic condition, Hyperlipidemia, Hyperuricemia/Gout or other metabolic/endocrine disorders?		
24 - Has you mother/father/sister/brother suffered or died from cardiovascular disorders, heart attack, coronary artery diseases, hypertension, cancer, Asthma, Diabetes, Epilepsy or any other severe diseases?		

Please use the space below for details on any questions answered Yes above

Signature: **Dated (dd/mm/yyyy): / /**

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