

**SHORT PROPOSAL FORM FOR GROUP LIFE ASSURANCE**

**Name** : \_\_\_\_\_

**DOB** :        /        /

**Nationality** :

**Weight**                        :                        **Height**                        :

**What is your daily habit regarding:**

Alcohol                        :                        Smoking                        :

**Are you currently receiving any treatment or medications?**

**Have you ever received a medical diagnosis of any of the following conditions:** Heart or Circulatory System, Blood Pressure, Raised Cholesterol or Blood Lipids, Diabetes, Respiratory Trouble, Cancer or any other serious health problems?

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**DECLARATION**

I declare that to the best of my knowledge and belief the above statements are true and I agree that they shall be the basis of the assurance on my life. I consent to the Insurance Company seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorize the giving of such information.

***I understand that failure to disclose relevant information may invalidate any claim.***

Signature of Proposer..... Date .....