Ghana Home Loans
... the mortgage specialists

GLICO

Life Insurance Application Form

INSTRUCTION
To be completed by all applicants

PERSONAL DETAILS

Surname | First name | Middle name

Sex: Female | Male

Marital status *(please tick)*: Single | Married | Other

Current residential and postal address

Occupation

Employer | Business address

Telephone no. | Cell phone no.

Date of birth: Day | Month | Year

Place of birth

Email

Fax no.

Next of kin

Name | Telephone no.

Address

Existing Insurance

- Do you have any assurance on your life? Yes ☐ No ☐
- Policy number and commencement date if with GLICO — Policy number | Commencement date
- Have you ever made a claim under any existing/previous policy? Yes ☐ No ☐
  Policy number

Has your proposal for any life policy ever been accepted with an extra premium?

Yes ☐ No ☐ Day / Month / Year | Company

Has your proposal for any life policy ever been declined? (If so, when and by which company)

Yes ☐ No ☐ Day / Month / Year | Company

MORTGAGE DETAILS

1. Cost of property ($) | 3. Loan term (years)

2. Loan amount ($) | 2. Sum to be assured ($)

CONFIDENTIAL QUESTIONNAIRE

Have you ever had

1. Unexplained recurrent and persistent fever or skin disorder?	Yes	No
2. Unexplained persistent night sweat?	Yes	No
3. Unexplained weight loss?	Yes	No
4. Unexplained infections or swollen glands?	Yes	No
5. Chronic or recurrent diarrhea?	Yes	No
6. Persistent cough?	Yes	No
7. Hepatitis B or Sexually Transmitted Disease, including genital discharge or sore?	Yes	No

If you answered yes to any of the questions above please provide details (date, duration, treatment, test physician consulted and so on)

Condition	Date	Duration	Result of treatment/test	Doctor/Hospital

8. Have you ever had or been advised by a doctor to have a blood test for AIDS related condition?	Yes	No
9. Have you ever been refused as a blood donor?	Yes	No

Give details of 8 & 9 if the answer is yes

Health information

PERSONAL

1a. Name & address of personal doctor

1b. Date on which you joined his panel

1c. Date and reason for last consultation

1d. Treatment prescribed or advice given at last consultation

1e. Name & address of any other doctor consulted while on the panel of present doctor in the last five years.

1f. Date and reason for answer(1e.)

Height ft/ins Weight kg/lbs

BLOOD PRESSURE READING

Systolic Diastolic

If the answer to any question is "**Yes**", Identify the question number and include diagnoses, dates, duration, degree of recovery of results and name and addresses of all doctors or hospitals consulted.

	Yes	No
2a. Are you under medical care?		
b. Are you now receiving, taking tablets, medicine, injections or on a diet prescribed by a doctor?		
c. Have you any physical defect or health impairment?		
3a. Do you drink beer, wine or spirit? (Give quantity)		
b. Do you smoke?(Give quantity)		
c. Have quantities of any of the above, ever exceeded current consumption?		
4. Have you ever:		
a. Been medically examined for Life Assurance? If so give company name and date		
b. Been requested or received a pension, benefits or payment because of injury, sickness or disability? **NB. Include payments from GLICO**		
c. Suffered any serious personal accident involving unconsciousness, fractured skull, spine or ribs.		
d. Had any cysts, tumors, cancer or other growth?		
e. Taken tablets over a period of more than two(2) weeks?		
f. Been hospitalised?		
g. Had mass x-rays which were abnormal or had to be repeated or followed up due to abnormal or doubtful findings?		
h. Had x-rays other than mass x-rays or been treated by deep x-ray therapy?		
i. Had blood tests, ECG or other special investigations?		
j. Been rejected or discharged from military service on health grounds?		

	Yes	No	
5. Other than recorded above, have you ever been treated for, been suspected of or had symptoms of Diabetes, sugar in your urine, kidney disease, rheumatic fever, any heart disorder, high blood pressure, lung disease, asthma, ulcer, disorder of the digestive tract, epilepsy or mental or nervous disorder?			
6. Have you had an injury, illness or symptoms during the last three(3) years, not covered above?			
7. Has your weight changed by more than 3.5kg/7lbs in the last year? If "yes" give change details.			

FEMALES ONLY

8. To the best of your knowledge and belief, you had:

	Yes	No
a. Any disorder of menstruation, pregnancy or female organs (including breasts)?		
b. Birth by caesarean section?		
c. Are you pregnant? If so, how many months?		

FAMILY HISTORY

	Yes	No
9. Has any member of your family had diabetes, tuberculosis, cancer, high blood pressure, heart or kidney disease, blood disorder or mental illness.		

10.

	Age, if alive	State of health	Age at death	Cause of death
Father				
Mother				
Brother/s				
Sister/s				

I agree that this application and others already completed shall be the basis of the contract which will commence on the acceptance of this application by GLICO, on its normal terms and conditions. I have read over the replies to all questions in this application form and declare that, to the best of my knowledge and belief, all information given are TRUE and COMPLETE.

Date..... Applicant's signature.....

Witness

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