THE WALLET DOCTOR HOSPITAL CASH PLAN PROPOSAL FORM

SECTION I: INSURED DETAILS

Title: ◯ Mr ◯ Mrs ◯ Ms ◯ Prof ◯ Dr ◯ Eng ◯ Rev ◯ Past

Surname: ______ First Name(s): ______

ID Number: ______ Date of Birth: dd/mm/yyyy Gender: ◯ Male ◯ Female

Nationality: ______ Broker/Agent: ______

SECTION II: CONTACT DETAILS

Residential address: ______

Mobile No.: ______ Home Tel: ______

Email address: ______

Preferred method of communication: ☐ SMS ☐ Email ☐ Bank ☐ Mobile Money

Next of Kin Email: ______ Next of Kin Mobile: ______

SECTION III: BANKING DETAILS

Account Name: ______ Name of Bank: ______

Account Number: ______ Branch: ______ Branch Code: ______

SECTION IV: EMPLOYMENT DETAILS

Employee name: ______

Employee address: ______

Occupation: ______

Period of insurance

From: dd/mm/yyyy To: dd/mm/yyyy

SECTION IV: DETAILS OF THE PERSONS TO BE INSURED

Name	DOB	ID Number / Birth Cert. No.	Gender (M/F)	Relationship	Plan (Basic / Supreme)	Premium (ZWG)
	dd/mm/yyyy					
	dd/mm/yyyy					
	dd/mm/yyyy					
	dd/mm/yyyy					
	dd/mm/yyyy					
	dd/mm/yyyy					
	dd/mm/yyyy					

Total Premium: ______

SECTION V: HEALTH CONDITIONS

Do you or any of your dependants proposed for insurance suffer from any pre-existing medical conditions? ◯ Yes ◯ No

If "YES", please provide the details below:

Full Name	Condition

DECLARATION

I hereby declare that all the information provided is in all respects correct and that no material facts have been suppressed or withheld.

If such information has been provided on my behalf, I agree that this declaration and the answers given shall be the basis of the contract myself and the company.

I further agree that as a result of my acceptance to take up the above cover, I am giving permission to my employer to deduct the premium from my salary (where applicable).

I understand that cover commences after being officially accepted by the company and the first premium has been paid..

By signing, I accept the usual terms and conditions prescribed by the company and endorsed on their policy.

I consent that all personal information collected shall be used in the provision of short-term insurance premiums, determination, and claims-related services. If premiums are not paid in advance before cover commencement or renewal, the policy will be considered inactive or not in force.

Member Signature: SIGN HERE Date: dd/mm/yyyy