



# MEDICAL INSURANCE APPLICATION FORM

Name of Company/Group or Scheme

Full name of contributing member

Sex

Date of Birth

Nationality

Occupation

Postal Address

Postcode

Telephone no.

Fax no.

E-mail address

Please indicate (tick) the kind of Medical Cover Plan you wish to be insured under

Single

Couple

Family

Kindly complete if Family Cover has been selected and/or is required

Full name of Spouse

Sex

Date of Birth

Nationality

Occupation

Is your Spouse residing in PNG?

No

Yes

➡ If Not, please elaborate and give details

Dependent's Name	Date of Birth	Sex	Own or Legally Adopted

Name of Natural Parents for employee and spouse

Name of your usual family Doctor (State Name, address and contact details)

When was your or any family member's last consultation with your doctor and why?

Have you or any of your dependent's application for medical insurance ever been declined, restricted or accepted at other than normal terms?

No  Yes  ➡ If Yes, please state reason and provide the name of the Insurance Company

Do you or any person to be insured have any medical insurance with any other company? (i.e. Medicare, Medibank etc.)

No  Yes  ➡ If Yes, provide details

Did you have Medical Insurance with other company prior to this application?

No  Yes  ➡ If Yes, provide details

Have you or any persons to be insured; suffered or have any physical defects, infirmity or congenital conditions?

No  Yes  ➡ If Yes, provide details

Are you or any persons to be insured, currently under observation or receiving treatment or taking any medication?

No  Yes  ➡ If Yes, provide details

Are you or any persons to be insured, ever been advised to have a surgical operation which has never been performed?

No  Yes  ➡ If Yes, provide details

Are you or any persons to be insured ever been diagnosed with the following conditions

Condition	No	Yes	If Yes, please provide details
a. Chronic cough, spitting blood, asthma, hay fever, pleurisy, tuberculosis, or any other disease of the respiratory system?			
b. High or low blood pressure, heart disease, chest pain, heart attack, shortness of breath, palpitations, or any other disorder of the heart or blood vessel?			
c. Epilepsy, fits, dizziness, mental or nervous disorder?			
d. Diabetes, sugar or blood in urine, kidney, colic or hernia?			
e. Disease of the eyes, ears, nose or throat?			
f. Arthritis, sciatica, rheumatism, back, spine, bone, joint, muscle or sin disorder?			
g. Ulcer or disorder of the stomach, intestines, hemorrhoids, or rectal disorder?			
h. Gall bladder stone or liver disease or any type of hepatitis?			
i. Cancer, tumor or growth of any kind of any organ system?			
j. Anemia, Thyroid disorder (i.e. goiter) or Rheumatic fever?			
k. Sexually transmitted diseases i.e syphilis, gonorrhea, or non-specific urethritis?			
l. HIV, AIDS, or AIDS related conditions?			
m. Any illness, disease, injury or medical condition not mentioned above?			

## DECLARATION

I/We hereby declare that the above answers and statements are true and that I/We have withheld no information whatever regarding this proposal.

I/We agree that this Declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and Niugini Assurance Group Limited

I/We further declare and agree that in the event the declaration shall contain any misstatement misrepresentation, suppression and or fraud; the issuance of the policy shall not be deemed to be a waiver of such misstatement, misrepresentation, suppression, and or fraud.

I/We hereby authorize any hospital, surgeon, medical practitioner, clinic or other person who attended to me/us for any reason to disclose to Niugini Assurance Group Limited any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certifications including any medical history. A photocopy of this authorization shall be considered as effective and valid as the original.

I/We acknowledge that the liability of Niugini Assurance Group Limited does not commence until this proposal is accepted and the premium has been fully paid to Niugini Assurance Group Limited.

Signature of Applicant

Date


