Serial Number: 00001

Underwritten by Zimnat LIFE ASSURANCE

APPLICATION FOR A FSG ZIMBABWE FAMILY FUNERAL PLAN

PLEASE USE BLOCK LETTERS. Please note that completing and signing this application does not mean that insurance has been granted. The plan will take effect when we have assessed and accepted your application and the first premium has been received.

Policy Number:		Commencement Date:	

A. PERSONAL DETAILS OF THE PRINCIPAL MEMBER

1. First Name(s): _____ 2. Surname: _____
3. Date of Birth: _____ 4. Gender: Male/Female: _____
5. I.D. Number: _____ 6. Marital Status: _____
7. Rural Home: _____ 8. Occupation: _____
9. Exact nature of duties: _____
10. Email Address: _____
11. Telephone/Cell Phone/WhatsApp number: _____
12. Residential/Postal Address: _____

B. FUNERAL COVER DESIRED & RIDER BENEFITS (Please tick in the appropriate box)

The plan chosen on the basic funeral plan automatically becomes the plan of choice on optional riders.

BASIC PLAN:

PLANS ON OFFER: Standard Plan ☐ Medium Plan ☐ Executive Plan ☐ Executive Plus Plan ☐

OPTIONAL RIDERS: Total & Permanent Disability ☐ Hospital Cash Back ☐

Double Accident Cover ☐ Memorial & Tombstone Benefit ☐ Premium Waiver Benefit ☐

C. MEMBERS TO BE COVERED

Nucleus Family and Parents

Member Category	First Name(s)	Surname	Gender (M/F)	ID Number	D.O.B	Monthly Premium ($)
Principal Member						
Spouse						
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						
Child 6						
Parent 1						
Parent 2						
Parent 3						
Parent 4						
Premium Sub total ($)						

Extended Family

Member Category	First Name/s	Surname	Gender (M/F)	ID Number	D.O.B	Plan (Delete inapplicable)	Monthly Premium
Other Dependent 1						Standard / Medium	
Other Dependent 2						Standard / Medium	
Other Dependent 3						Standard / Medium	
Other Dependent 4						Standard / Medium	
Other Dependent 5						Standard / Medium	
Other Dependent 6						Standard / Medium	
Total Premium Due							

D. PRINCIPAL BENEFICIARY DETAILS (To receive proceeds after death of Principal Member)

1. First Name (s): _____ 2. Surname: _____ 3. ID Number: _____
4. Relationship: _____ 5. Contact Number: _____ 6. Email Address: _____
7. Residential/Postal Address: _____

E. SECONDARY BENEFICIARY DETAILS (To receive proceeds after death of Principal Member, in the absence of the Principal Beneficiary)

1. First Name (s): _____ 2. Surname: _____ 3. ID Number: _____
4. Relationship: _____ 5. Contact Number: _____ 6. Email Address: _____
7. Residential/Postal Address: _____

NB: Principal Beneficiary is the person who will get the proceeds from the claim if Principal Life Assured dies. The appointment of a beneficiary younger than 18 years old may slow down the payment of a claim. The Secondary Beneficiary is the person that gets the proceeds of the claim if the Principal Member dies, and in the absence of the principal beneficiary.

F. DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF PREMIUMS (Fill and tick in the appropriate box)

1. Surname: _____ 2. First Name (s): _____ 3. National ID No: _____
4. Relationship: _____ 5. Contact Number: _____ 6. Email Address: _____

PAYMENT MODE: **Annual** ☐ **Half Yearly** ☐ **Quarterly** ☐ **Monthly** ☐

PAYMENT DETAILS

Stop Order		Employer		E.C. No.		Stop Order date	
Debit Order		Bank & Branch		A/C No.		Convenient date	
Cash		Commencement date of Policy					

G. DECLARATION ON PRE-EXISTING CONDITIONS

Have you or any of the members covered ever sought medical attention or advise in the past 5 years on any of following conditions

Condition	YES / NO	Name of member/s
Diabetes	----------	----------
High Blood Pressure	----------	----------
Mental Illness	----------	----------
Asthma	----------	----------
Other (specify below)		
----------	----------	----------
----------	----------	----------
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NB: A pre-existing condition is an illness or injury that existed within five years from the commencement date of the cover, or the re-instatement of the policy and for which in these five years:

- The person sees a medical practitioner, takes prescribed drugs, receives other medical care or treatment, or had medical care or treatment recommended by a medical practitioner; or
- An ordinary prudent person would have sought medical advice, care or treatment:

Examples: diabetes, high blood pressure, mental illness, asthma, hemophilia or bleeding disorder of bleeding tendencies, epilepsy or seizures, multiple sclerosis, cancer, stroke, heart disease, tuberculosis, chest disease (smoking related lung disease/ bronchitis, and/ or chest infection), liver disease, renal disease and HIV positive.

Pre-existing conditions are not covered during the pre-existing conditions exclusion period following the commencement of cover per life or the re-instatement of the policy.

F. DECLARATION ON PRE-EXISTING CONDITIONS

I, the undersigned, hereby declare that the information provided by me and required of me on this application is both correct and accurate, that the option as selected herein is clear and that I understood the General Policy Terms and Conditions. I also understand that the payment of the proceeds due in respect of this Policy to my nominated beneficiary on this document shall represent the full and final discharge of FSG Zimbabwe's liability in the event of death. Pre-existing conditions are not covered during the pre-existing conditions exclusion period following the commencement of cover per life or the re-instatement of the policy.

Signed at: _____ this _____ day of _____ Year _____

Full Name: _____ Signature: _____

I. BRANCH AND AGENT DETAILS

Name of Submitting Branch: _____ Name of Agent: _____

Agent Code: _____ Agent Signature: _____ Date: _____