

# FAMILY FINANCIAL WELLNESS PLAN APPLICATION FORM



**METROPOLITAN**  
Life Insurance Ghana LTD

PLEASE WRITE CLEARLY USING BLOCK LETTERS AND TICK APPROPRIATE BOX

Policy Number:

PERSONAL DETAILS			
Title: <input type="text"/>	Surname: <input type="text"/>	First Name: <input type="text"/>	
Date of Birth: <input type="text"/>	Place of Birth: <input type="text"/>	Gender: <input type="text"/>	
Home Language: <input type="text"/>	Nationality: <input type="text"/>		
Email Address: <input type="text"/>	Phone Number (s): <input type="text"/>		
Home/Postal Address: <input type="text"/>			
TIN Number: <input type="text"/>	Digital Location Address: <input type="text"/>		
<b>Marital Status:</b> Single <input type="checkbox"/> Married: <input type="checkbox"/> Widowed: <input type="checkbox"/> Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/>			

INDIVIDUAL PROFILE - MAIN LIFE			
Annual Income: GHS <input type="text"/>	Occupation: <input type="text"/>		
<b>Income Group:</b> GHS 0 - 1,999: <input type="checkbox"/>	GHS 0 - 4,999: <input type="checkbox"/>	GHS 5,000 - 9,999: <input type="checkbox"/>	GHS 10,000 +: <input type="checkbox"/>
<b>Form of Identification:</b> Passport: <input type="checkbox"/>	SSNIT Card: <input type="checkbox"/>	Voter's ID: <input type="checkbox"/>	Driver's License: <input type="checkbox"/> National ID: <input type="checkbox"/>
Provide Identity Number: <input type="text"/> <small>Please, attach copy of identification document</small>			
<b>Level of Education:</b> Below Senior Secondary School Certificate (SSSCE): <input type="checkbox"/>		Senior Secondary School Certificate (SSSCE): <input type="checkbox"/>	
Higher National Diploma (HND): <input type="checkbox"/>	3 or 4 year Diploma/3 year Degree: <input type="checkbox"/>	4 year Degree/Professional Qualification: <input type="checkbox"/>	
Master's Degree: <input type="checkbox"/>	Doctorate (PhD): <input type="checkbox"/>	Other: <input type="text"/>	

INDIVIDUAL PROFILE - SPOUSE			
Annual Income: GHS <input type="text"/>	Occupation: <input type="text"/>		
<b>Income Group:</b> GHS 0 - 1,999: <input type="checkbox"/>	GHS 0 - 4,999: <input type="checkbox"/>	GHS 5,000 - 9,999: <input type="checkbox"/>	GHS 10,000 +: <input type="checkbox"/>
<b>Form of Identification:</b> Passport: <input type="checkbox"/>	SSNIT Card: <input type="checkbox"/>	Voter's ID: <input type="checkbox"/>	Driver's License: <input type="checkbox"/> National ID: <input type="checkbox"/>
Provide Identity Number: <input type="text"/> <small>Please, attach copy of identification document</small>			
<b>Level of Education:</b> Below Senior Secondary School Certificate (SSSCE): <input type="checkbox"/>		Senior Secondary School Certificate (SSSCE): <input type="checkbox"/>	
Higher National Diploma (HND): <input type="checkbox"/>	3 or 4 year Diploma/3 year Degree: <input type="checkbox"/>	4 year Degree/Professional Qualification: <input type="checkbox"/>	
Master's Degree: <input type="checkbox"/>	Doctorate (PhD): <input type="checkbox"/>	Other: <input type="text"/>	

PLAN DETAILS			
<b>Standard Benefit Option:</b> Orange: <input type="checkbox"/>	Turquoise: <input type="checkbox"/>	Burgundy: <input type="checkbox"/>	Champagne: <input type="checkbox"/>
<b>Monthly Installment Option:</b> 24 months: <input type="checkbox"/>	36 months: <input type="checkbox"/>	60 months: <input type="checkbox"/>	
<b>Optional Benefit Option:</b> Death Premium Waiver: <input type="checkbox"/>	Savings Benefit: <input type="checkbox"/>	Hospital Benefit: <input type="checkbox"/>	

FAMILY MEMBERS TO BE INSURED													
S/ No.	Name	Gender (M/F)	Date of Birth						Relationship	Transfer of Ownership	Proposed Sum Assured GHS	Premium GHS	
			D	M	M	Y	Y	Y				Standard	Optional
1.			D	D	M	M	Y	Y	Y				
2.			D	D	M	M	Y	Y	Y				
3.			D	D	M	M	Y	Y	Y				
4.			D	D	M	M	Y	Y	Y				
5.			D	D	M	M	Y	Y	Y				
<b>MONTHLY RISK PREMIUM</b>													

PREMIUM PAYMENT			
<b>Monthly Risk Premium:</b> GHS: <input type="text"/>	<b>Savings Premium:</b> GHS: <input type="text"/>	<b>Total Monthly Premium:</b> GHS: <input type="text"/>	
<b>Automatic Inflation Management (Annual Premium Increase):</b>			
<b>Premium Increase Options</b>	10%	15%	20%
<b>Tick Option</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mode of Premium Payment:** Bank Debit Order:  Employer Deduction:  Mobile Money:  Card Payment:

If you ticked Mobile money, please provide your Mobile Money Number:

## INSURABILITY

What is your present occupation: \_\_\_\_\_

The following questions must be answered by the Contract Owner on behalf of him/herself, spouse and spouses

	Insured Life (ML)		Spouse	
	Yes	No	Yes	No
1. Have you, or any of the lives insured, ever been tested for HIV or received treatment for AIDS or any AIDS related conditions?				
2. Have you or any of the lives insured, suffered continually from persistent night sweats, persistent diarrhea, swollen glands, persistent cough, purplish skin blemishes, persistent mouth sores or unexplained weight loss during the past 12 months?				
3. Has any life insurer ever declined, postponed, withdrawn or loaded insurance applied for by you or any of the other lives insured?				
4. Have you, or any of the lives insured, ever suffered from any form of disability or heart attack or disease, or diabetes mellitus, stroke, cancer, high blood pressure or kidney disease?				
5. Apart from minor ailments, such as cold or flu, have you or any of the lives insured received any treatment from any medical practitioner during the past 6 months?				
6. Have you, or any of the lives insured, been hospitalized or undergone hospital treatment, or specialist investigation during the past five years?				
7. Have you, or any of the lives insured, taking medication of drugs for health reasons?				
8. Is the insured Life (ML)/Spouse(s) currently receiving treatment or have they received treatment in the past 12 months for any tropical diseases (e.g. bilharzias, malaria, typhoid fever and yellow fever)? <i>Please specify which disease.</i>				

	Insured Life (ML)		Spouse	
	Yes	No	Yes	No
Height in meters: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Weight in kilograms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Does the Insured Life (ML)/Spouse consume alcohol? If yes, state quantity, <b>*340ml or less</b> Insured Life (ML) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Does the Insured Life(ML)/Spouse smoke? If yes, state quantity Insured Life (ML) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

## BENEFICIARY (IES)

Name	Gender (M/F)	Date of Birth				Relationship	% of Benefit	Address/Contact Telephone No.	
		D	D	M	M	Y	Y	Y	
		D	D	M	M	Y	Y	Y	
		D	D	M	M	Y	Y	Y	

## TRUSTEE (applicable where a named beneficiary is less than 18 years)

Name	Gender (M/F)	Date of Birth				Relationship	Address	Contact Telephone No.	
		D	D	M	M	Y	Y	Y	

## DECLARATION

- I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Ghana LTD (herein referred to as Metropolitan Life) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.
- I agree that if any material information concerning the risk on any of the insured lives has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan Life reserves the right to cancel our cover and shall forfeit all premiums paid.
- In order to facilitate the assessment of the risks, I irrevocably authorize Metropolitan Life:
  - To obtain from any person, any information which Metropolitan Life deems necessary, and
  - To share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death or any other Insured Life) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan Life or by the operators of such database.
- I understand that I am entitled to cancel this application within 30 days from the commencement date of the policy for a refund of all premiums paid, provided that, no claim has been made. Cancellation after the thirty (30) days period shall be subject to surrender conditions. I understand that this right applies also to any application to increase the Cover on an existing contract and that any refund refers to the difference between old and new premium.
- Replacement of Contract: I understand that it is not in my best interest to replace an existing contract with new contract.
- I agree that if the premium received is less than the agreed premium for the chosen level of cover, should be adjusted to commensurate the premium received.

Signature of Applicant: \_\_\_\_\_ or RTP \_\_\_\_\_

Date: \_\_\_\_\_

### Note:

- On signing this proposal form, you confirm that any statement that is not in your handwriting is accurate and the information provided is complete.
- Your policy shall come to effect only after this proposal has been accepted and the full payment of first premium.

## PREMIUM DEDUCTION MANDATE

Policy Number:  Commencement Date:

### A PREMIUM PAYER

Title:  Surname:   
 First Name:   
 Date of Birth:         Mobile No.:   
 TIN Number:

### B POLICY DETAILS

Product Name:   
 Premium Amount GHS:  Date of First Deduction:          
 Frequency: Monthly  Quarterly  Semi-Annual  Annually

#### Automatic Inflation Management (Annual Premium Increase):

Premium Increase	10%	20%	30%	40%
Tick Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C DEBIT ORDER DEDUCTION:

Account Name:   
 Bank Name:  Branch:   
 Account Number:  Account Type:

Please, add a photocopy of your cheque leaflet

I the undersigned authorize Metropolitan Life Insurance Ghana LTD to withdraw the amount stated below and if selected, increased yearly as per the Automatic Inflation Management rate from my account as premium for my policy(ies). This request should be done between the 20th of the current month to 15th of the following commencement date stated above continuing till the end of the policy term.

I understand that the withdrawals hereby authorized shall be processed by electronic funds transfer and that details of each withdrawal shall be printed on my bank statement. I also understand that if any Direct Debit Instruction is paid which breaches the terms of this authority, Metropolitan Life shall not be liable in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited to Metropolitan Life Insurance Ghana LTD

I shall not be entitled to any refund of amounts which may have already been withdrawn while this Authority was in force if such amounts were legally owed to Metropolitan Life Insurance Ghana LTD

This Authority remains in force until I give Metropolitan Life Insurance Ghana LTD a written notice of cancellation.

Applicant Signature:  Premium: GHS   
 Date:

### D PAYPOINT (SOURCE) DEDUCTION:

Name of Staff:   
 Company Name:   
 Department:  Staff ID:

Please, add a photocopy of your latest payslip

I the undersigned authorize you to deduct the stated amount from my salary and transmit same to Metropolitan Life Insurance Ghana LTD I understand that the withdrawals hereby authorized shall be printed on my pay slip. I also understand that if any wrongful deduction is made which breaches the terms of this contract, Metropolitan Life Insurance Ghana LTD will not be liable in any way or manner whatsoever whether under contract, tort or negligence and that our recourse shall be limited to Metropolitan Life Insurance Ghana LTD

I shall not be entitled to any refund of amounts which may have already been deducted while this authority was in force if such amounts were legally owing to Metropolitan Life Insurance Ghana LTD

This authorization shall be effective until my employment is terminated or written notice by me to cancel this mandate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana LTD

Applicant Signature:  Premium: GHS   
 Date:

### E MOBILE MONEY DEDUCTION:

Service Provider: MTN  Airtel Tigo  Vodafone   
 Mobile/Momo Number:

Premium: GHS  I hereby authorise deductions of premiums from my mobile money wallet with details above.

Date:         Applicant Signature/RTP:

## PREMIUM DEDUCTION MANDATE

Policy Number:  Commencement Date:

### A PREMIUM PAYER

Title:  Surname:   
 First Name:   
 Date of Birth:         Mobile No.:   
 TIN Number:

### B POLICY DETAILS

Product Name:   
 Premium Amount GHS:  Date of First Deduction:          
 Frequency: Monthly  Quarterly  Semi-Annual  Annually

#### Automatic Inflation Management (Annual Premium Increase):

Premium Increase	10%	20%	30%	40%
Tick Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C DEBIT ORDER DEDUCTION:

Account Name:   
 Bank Name:  Branch:   
 Account Number:  Account Type:   
 Please, add a photocopy of your cheque leaflet

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Applicant Signature:  Premium: GHS   
 Date:

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 Company Name:   
 Department:  Staff ID:   
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I shall not be entitled to any refund of amounts which may have already been deducted while this authority was in force if such amounts were legally owing to Metropolitan Life Insurance Ghana LTD

This authorization shall be effective until my employment is terminated or written notice by me to cancel this mandate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana LTD

Applicant Signature:  Premium: GHS   
 Date:

### E MOBILE MONEY DEDUCTION:

Service Provider: MTN  Airtel Tigo  Vodafone   
 Mobile/Momo Number:

Premium: GHS  I hereby authorise deductions of premiums from my mobile money wallet with details above.

Date:         Applicant Signature/RTP: