



DECLARATION FOR CEYLINCO LIFE HOSPITAL CASH/ CEYLINCO LIFE MAJOR SURGERY/CEYLINCO LIFE FAMILY DIGASIRI BENEFIT/S

Client No.

Proposal No.

Name of Child

Date of Birth

Age Height ins Weight lbs/kg

Address

NIC No.

Name of Personal Physician

Dr.

Telephone No.

Email Address

Benefits Required

	Amount
Ceylinco Life Family Digasiri Plus (New) Benefit	
Ceylinco Life Hospital Cash Plus Benefit (Per Day)	
Ceylinco Life Major Surgery Plus Benefit	

1. Is your child in good health and entirely free of any mental or physical impairments or deformities?

2. Has your child ever suffered or is he/she now suffering from:

2.1 Disease of the circulatory system (e.g. heart trouble, hole in the heart, valvular disease, rheumatic fever, high blood pressure, disease of the arteries or veins, myocardial infarction, coronary artery disease, heart valve disease, disease of aorta, primary pulmonary arterial hypertension)?

2.2 Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?

2.3 Disease of the genito-urinary system or congenital abnormalities (e.g. infection of the kidneys, urinary passage, bladder or genital organs, renal stones, venereal disease, kidney failure)?

2.4 Disease of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, disorders of the liver or gall bladder, hepatitis, fulminant hepatitis, chronic liver disease)?

2.5 Disease of the nervous system or mental disorders (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous break down, stroke, paralysis, myelitis, multiple sclerosis, coma)?

2.6 Diabetes, cancer or any disease of the blood, glands, spleen, ears or eyes, muscular dystrophy, major burns, blindness, deafness or loss of speech?

2.7 Night-sweats and/or loss of weight, persistent fever, continuous or recurrent diarrhoea?

2.8 Any other disease or ailment not mentioned above?

3. Has your child ever had or been advised to have hospital treatment or surgery or major organ transplant?

4. Has your child consulted a paediatrician/physician/surgeon for any reason including routine examinations or investigations and blood tests in the past 5 years?

5. Has your child ever received or does he now receive any disability benefit?

6. Has your child received any Ceylinco Life Insurance policy that included Ceylinco Life Hospital Cash benefit or Ceylinco Life Major Surgery benefit or Ceylinco Life Digasiri benefit? If yes please state Policy No.

7. Has any proposal for child protection or critical illness cover ever been declined or postponed or been accepted with an extra premium with regard to your child's insurance?

8

8.1 Has your child ever smoked in the last 12 months?

8.2 Does he/she smoke now?

8.3 Has your child ever taken or does he/she now take drugs or narcotic?

8.4 Does he/she consume beer, wine or alcohol? (If so, please give average daily consumption)

9

9.1 Has your child an intention of engaging in any hazardous sports, activities or military allied services?

YES NO

9.2 Has your child ever been convicted of any criminal offense or illegal activity?

YES NO

9.3 Is there any case of litigation pending or under investigation at present?

YES NO

If you answered 'YES' to any question between 2 to 9 above, please complete details below (including dates, duration and treatment, names and addresses of paediatricians/physicians/surgeons) and place your signature there under.

Large empty box for details and a signature line labeled 'Signature'.

DECLARATION

The foregoing statements and answers are complete and true and we agree that the statements and answers shall be the basis of the contract of this assurance between this child and Ceylinco Life Insurance Limited. Ceylinco Life Insurance Limited shall not be liable for any claim in the event of death or on account of illness or injury the cause of which was known to the proposer/s prior to acceptance of the proposal or any Information or material facts withheld or concealed.

We hereby authorise any doctor, nurse or hospital official to disclose to Ceylinco Life Insurance Limited any and all information regarding this child's past medical history, present treatment and the results of any investigation carried out.

Dated at [] on this [] day of [] 20 []

Father's Signature 1. []

Mother's Signature 2. []

NIC. No. []

NIC. No. []

Witness: 1 I certify that the signature/s 1-2 was / were placed in my presence

Signature []

Name []

Address []

NIC No. []

Witness: 2 (Sales Consultant.....) I certify that the signature/s 1-2 and witness 1 were placed in my presence

[]

[]

[]

Code No. []

UNDERWRITING COMMENTS

Age Admission

Table with 2 columns: Field (Nature of Document, Document No., Date, Authorised Officer) and Value.

Large empty box for underwriting comments.