

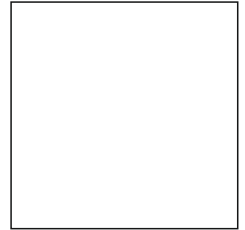
**PRUDENTIAL ZENITH LIFE INSURANCE LIMITED**

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**APPLICATION FORM FOR HOSPITAL CASH PLAN**

“An Insurance Agent who assists an Applicant to complete an Application or Proposal form for insurance shall be deemed to have done so as the Agent of the Applicant”



**SECTION A: PERSONAL DETAILS**

TITLE: \_\_\_\_\_

FIRSTNAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TYPE OF IDENTIFICATION: DRIVER'S LICENCE  INT'L PASSPORT  VOTERS CARD  BVN NUMBER: \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED  SEPARATED

NATIONALITY: \_\_\_\_\_ OTHER NATIONALITY: \_\_\_\_\_

SOURCE OF INCOME: SALARY  SELF EMPLOYED

SALARY LEVELS: ₦18,000 – 49,999  ₦50,000 -99,999  ₦100,000- 199,999  ₦200,000- 499,999  ₦500,000 AND ABOVE

NAME OF EMPLOYER: \_\_\_\_\_

NATURE OF OCCUPATION: \_\_\_\_\_

IF SELF-EMPLOYED, NATURE OF ACTIVITIES: \_\_\_\_\_

**SECTION B: YOUR CONTACT DETAILS**

EMAIL ADDRESS: \_\_\_\_\_

MOBILE CONTACT NUMBER: \_\_\_\_\_ ALTERNATIVE NUMBER: \_\_\_\_\_

**RESIDENTIAL ADDRESS**

STREET ADDRESS: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_

LOCAL GOVERNMENT AREA (LGA): \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**POSTAL ADDRESS**

STREET ADDRESS: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_

LOCAL GOVERNMENT AREA (LGA): \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

## MODE OF PAYMENT

(No cash transactions)

DIRECT DEBIT: ZENITH BANK  OTHER BANKS  PLEASE SPECIFY \_\_\_\_\_

DIRECT DEPOSIT: CHEQUE  ONLINE TRANSFER  WEBSITE  BANK DRAFT

NIBSS E-BILLS PAY

## MEDICAL RECORDS

NAME & ADDRESS OF YOUR USUAL HOSPITAL: \_\_\_\_\_

HOW LONG HAVE YOU BEEN ATTENDING THE HOSPITAL?: \_\_\_\_\_

WHAT IS YOUR WEIGHT MEASUREMENT? :

WHAT IS YOUR HEIGHT MEASUREMENT? \_\_\_\_\_

WHAT IS YOUR DAILY CONSUMPTION OF ALCOHOL? \_\_\_\_\_

TOBACCO? \_\_\_\_\_

HAVE YOU SUFFERED OR ARE YOU SUFFERING FROM: HEART DISEASE : \_\_\_\_\_

TUBERCULOSIS: \_\_\_\_\_

DIABETES

OBESITY

EPILEPSY

ANY OTHER

## TRAVEL DETAILS

DO YOU TRAVEL IN NON-SCHEDULED PRIVATE FLIGHT? \_\_\_\_\_

YES: \_\_\_\_\_

NO: \_\_\_\_\_

HOW OFTEN DO YOU TRAVEL? \_\_\_\_\_

WITHIN THE COUNTRY: \_\_\_\_\_

ABROAD: \_\_\_\_\_

## ADDITIONAL ASSURED

S/N	NAME (SURNAME FIRST)	AGE	RELATIONSHIP	ADDRESS	CONTACT NO

## YOUR BENEFIT INFORMATION

PREMIUM \_\_\_\_\_

BRONZE: N7,000 PER DAY \_\_\_\_\_

SILVER: N15,000 PER DAY \_\_\_\_\_

GOLD: N50,000 PER DAY \_\_\_\_\_

## YOUR PAYMENT FREQUENCY

ANNUAL

## DECLARATION

This Application Form signed by me has been fully completed in my presence

I am comfortable that this Plan satisfies my financial needs.

My current financial position makes it possible for me to meet the regular premium due on this plan.

I am a permanent resident of the Federal Republic of Nigeria

I acknowledge that Prudential Zenith has the right to accept or refuse my Application, depending on Prudential Zenith's assessment.

I understand that the Death Benefit for death due to causes other than accidental, will not commence immediately under this Plan

I undertake to keep Prudential Zenith informed of any changes to my contact information in order for Prudential Zenith to communicate with me

I understand and acknowledge that I may not exceed the maximum cover limits provided under this policy or earlier policies under this product and that these maximum limits will be aggregated per Insured Person across all policies

I warrant that all information given in this Application Form, whether in my handwriting or not, is true and complete. I understand that any misrepresentation or non-disclosure can lead to an annulment of these Benefits, in which case all monies paid Prudential Zenith will be forfeited.

I acknowledge that I should seek appropriate legal, tax and investment advice prior to making any investment decisions

I will provide all supporting documents Prudential Zenith may require to process my application. This will typically include proof of identification, Premium Deduction Mandates, proof of bank details and any other documents that might be requested.

Where this product is sold via Bancassurance, I understand that there is no recourse to the bank.

*By signing below, I confirm that I have read this declaration and understand its implications*

SIGNATURE OF APPLICANT:

SIGNATURE OF AGENT:

DATE:

DATE:

AGENT NAME (SURNAME FIRST):

AGENT CODE:

LEAD (INTERNAL REFERENCE CODE):

## OFFICIAL USE ONLY

### CLASSIFICATION OF RISK AND PROFILING

LOW

MEDIUM

HIGH

(should be selected after completing the risk assessment form)

(Important: Please attach a copy of valid means of ID and utility bill)  
Authorised and regulated by the National Insurance Commission (NIC-090 (L))