

**GROUP CREDITOR LIFE INSURANCE
ENROLLMENT FORM**



HEALTH STATEMENT

Name of applicant

	Yes	No
Have you ever been treated or diagnosed with any form of cancer?	()	()
Have you ever been diagnosed with a condition that potentially could be cancerous, such as elevated PSA, abnormal Pap Smear or abnormal biopsy?	()	()
Have you ever been treated or diagnosed as being HIV positive?	()	()
Have you ever been treated or diagnosed with a heart condition?	()	()
Have you ever been treated or diagnosed with a stroke?	()	()
Have you ever had an application for Life or Health Insurance declined, postponed, rated or in any way modified?	()	()
Are you now receiving or contemplating any medical attention or surgical treatment or taking any medication?	()	()

If you answered yes to any of the above questions please provide details

Ques	Details as to nature of ailment	Duration of Illness	Degree of recovery (Total, Partial or Continuing)	Name, address and telephone no. of attending Physician

PRE-EXISTING CONDITION

No benefit under the policy shall be payable in respect of any claims arising within twelve (12) months of the commencement of coverage, which results directly or indirectly from a condition for which the insured had previously received treatment or of which he was aware or ought to have been aware at entry.

I declare that all statements are full, true and complete and understand that they form the basis upon which insurance will be made effective. I authorize my Physician, hospital or other medically related facility to disclose to Sagicor Life Jamaica Limited any additional information about my health habits or my medical history.

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Signature of Applicant

.....
Date

PLEASE NOTE: A completed health statement must accompany the application form.

**Jamaica Co-operatives
Insurance Agency Ltd**



Contact us:

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