



METCS0501

P. R. Date :

Tk.

American Life Insurance Company
MetLife Building, 18-20 Motijheel C.A.
Dhaka-1000, Bangladesh
Call Center : 09666716344
Hotline : 16344

Long Form Application And Health Declaration

- Reinstatement, Change in Special Rating, Change in Plan, Amount, Addition of Benefits

Policy No..... Premium due date Agency

Table with 5 columns: 1., Name, Date of Birth, Height, Weight. Rows for Owner, Insured, Other.

- 2. a) Present Occupation of Owner, b) Occupation of Spouse, c) Exact Daily Duties, d) Name & Address of the Employer

3. Are all the insureds now in good health? Yes No

4. Did the owner/insured seek medical advice, treatment or perform any test for any of the following medical condition?

Table with 6 columns: a), Yes, No, Yes, No. Rows for Diabetes, Heart, Kidneys, High Blood Pressure, Cancer, Lungs and Tumors, Back or Joints, Urinary System, Neuro, Hernia, Stomach or intestines.

- b) Did the owner/insured seek medical advice... other than mentioned above?
c) Does the owner/insured smoke or consume alcohol?
d) Since date of application for the above mentioned policy, have the owner/insured applied, either formally/informally, for new insurance, change of plan or reinstatement which was declined, postponed, withdrawn/modified in kind, amount or rate?

5. For Female Applicants Only:

- a) i) Are you pregnant? If yes, how many months?
ii) When was the last delivery? (If applicable)
iii) Has there been any miscarriage, Caesarean Section operation or hard labour? If yes, give details

b) Please mention Policy No(s). And total coverage of husband's policy

6. Applicant's number of child and their age

Comment: If the answer of Q. no. 3 is "No" and any answer of Q. no 4 is "Yes" then mention Q. no. and give details.

Empty box for comment details.

I declare that each of the above answers is full, complete and true, and agree that they shall be taken as basis of the reinstatement, change or issue of the above insurance and that such reinstatement, change or issue shall not be considered as effected by reason of any cash paid or settlement made in payment of or on account of the amount now due until this application shall be duly approved by the company and that receipt, retention, deposit or cashing of any such payment or settlement by the Company or its agent shall not constitute a waiver of forfeiture or otherwise affect this condition. Also, I understand that, notwithstanding any provisions to the contrary in Policy Contract, the period of two years mentioned in the incontestability and suicidal clause also with the Pre-existing provisions thereof shall, in the event of reinstatement of said policy, be deemed to run from date of such reinstatement.

I also understand and acknowledge that if I conceal any fact or provide any false statement or willfully misrepresent in this Application or in any other declaration which affects the acceptance of the risk by the company, in that case the policy may be void and no benefit will be provided.

Disclaimer: This application form will be the part of the contract if policy is reinstated. Bangla version of this application is used only to provide general understanding on the information to the proposed insured and/or policy owner. English version will be applicable to comply with the legal requirement of this application form.

Signed at Date

Full name & Signature of the Applicant
Phone/Mobile No.

Name & Signature of the FA with code/Medical Examiner with SEAL and ID No.

