



P. R. Date :	
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American Life Insurance Company

MetLife Building, 18-20 Motijheel C.A.

Dhaka-1000, Bangladesh Call Center: 09666716344

Long	Form	Application	And	Health	Declaration
Long		Application	Alla	Hoaltii	Deciaration

□ Reinstatement □ Change in Special Rating

□ Change in Plan
□ Amount

Hotline : 16344	□ Addition of Benefits						
Policy No	Premium o	due date	э	Age	ency	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
1.	Name			Date of Birth	Height	ight Wei	
Owner							
Insured							
Other							
O a) Present Occupation of Occupan			h) O-				
2. a) Present Occupation of Owner							
c) Exact Daily Duties	• • • • • • • • • • • • • • • • • • • •	•••••	d) Na	ime & Address of th	e Employer		•••••
3. Are all the insureds now in good he	alth?					□Y	es □No
4. Did the owner/insured seek medical a	dvice, treat	ment or	perform a	ny test for any of th	e fo ll owing me	dical co	ndition?
a)	Yes	No				Yes	No
Diabetes			Tumors				
Heart	Back or Joints						
Kidneys			Urinary				
High Blood Pressure			Neuro				
Cancer			Hernia				
Lungs			Stomac				
b) Did the owner/insured seek medical a	dvice, treat	tment or	perform a	ny test for any med	ical condition	□Y	'es □No
other than mentioned above?							es □No
c) Does the owner/insured smoke or con						⊔ ĭ	es uno
d) Since date of application for the above							
formally/informally, for new insurance				nent which was dec	lined,		
postponed, withdrawn/modified in kind, amount or rate?						□Y	'es □No
5. For Female Applicants Only:							
a) i) Are you pregnant?						□Y	'es □No
If yes, how many months?			••••				
ii) When was the last delivery? (If applica	able)						
iii) Has there been any miscarriage, Caes	arean Sect	ion oper	ration or ha	ard labour?		□Y	'es □No
If yes, give details							
b) Please mention Policy No(s). And total	coverage of	of husba	nd's policy	/		•	
6. Applicant's number of child and their a	ge						
Comment: If the answer of Q. no. 3 is "No"	and any an	swer of	Q. no 4 is "	Yes" then mention G	. no. and give o	letails.	

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.

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

Part Ii: Medical Examination

Policy No	••••••	• • • • • • • • • • • • • • • • • • • •	Sig	nature c	f Insured	I
1. a) Height Ft b) WeightKgs/	Ins Lbs c) Did	d you $\left\{egin{array}{l} {\sf Weigh} \end{array} ight.$ Measi	n him/her 🔲 ure him/her 🗅	Yes□ N Yes□ N	o d) Girth o (males only)	Chest Forced ExpirationIns Chest Full InspirationIns Abdomen at UmbilicusIns
2. Does inquiry or exami present disease of bragenito-urinary, cardio glandular or nervous s. 3. a) Is his/her appearan b) Does he/she appear c) Is there any impair d) Is there any deform e) Do you know anythabits or morals which	ain, chest, digenvascular, renal, system? (Give come unhealthy? ar older than agment of sight or other physing about his/h	stive, letails) e given? (Why) hearing? ysical defect? ner character,				Ref. Question Number)
4. Pulse per-minute	Rate at rest	*After exercise	5 minutes later			
	*(25 beats ab	ove resting)				
5. Blood Pressure	Systolic Diastolic (5th phase)					
Signed at		Date		••••••		ure of Medical Examiner with SEAL and ID No.
Applica	tion For Re		nt And Dec Lives Of Ju		On Hea	alth Condition On The
captioned Policy and health as when I signed nor has he/she had ar reinstatement which w I understand that the re notwithstanding any po	declare that If the declaration If the declarat	on in the appli isease and no ostponed, wit of this policy is e contrary in f existing provis	cation. Since to application hdrawn, or most conditioned opening.	that date, has been odified in on the tru	there has I presented kind, amou th of the a iod of two	oplication for Reinstatement of above, my son/daughter, is in as good been no change in his/her family record, d for new insurance, change in plan or unt or rate (except as noted below)* and bove statement. Also, I understand that, by years mentioned in the incontestability reinstatement of said policy, be deemed
I also understand and	acknowledge [.] ther declaratio	that if I conce on which affec				ratement or willfully misrepresent in this he company, in that case the policy may
*Exceptions			•••••	••••••		
	eneral underst	anding on the	information to	o the prop	osed insu	ted. Bangla version of this application is red and/or policy owner. English version
						Name & Signature of the Applicant
						CSC-19J
			Head Offic		Only ——	
Underwriting Comme Additional Comment				eclined		
					•••••	