GA Insurance Tanzania Limited
IT Plaza, 4th Floor, Ohio Street/Garden Avenue
PO Box 75908, Dar es Salaam, Tanzania

PROPOSAL FORM

GROUP HEALTH INSURANCE COVER

(The person(s) proposed for insurance is/are not covered until the proposal is accepted and premium paid)

Agency Name:----------

Agency Code:----------

1] Name of the proposer:

2] Address Pin Code

State/Union Teritory

3) Telephone no. : E-mail id

4) Period of insurance:

5) Total No. of persons to be covered.

Please submit the details of the persons as per the below mentioned format.

Employee details EmployeeNo. / Identification No.	Name	Designation	Date of Birth	Sex	Sum Insured	Pre-existing disease	Name of Assignee and relationship with insured person
Dependents' details	Name	Relationship with Employee	Date of Birth	Sex	Sum Insured	Pre-existing disease	

Attach Separate sheet providing above information in an Excel sheet –soft copy

5) Have you arranged any other

Critical Illness coverage or Hospitalisation insurance or any other Form of medical covers for the employees

If your answer is YES, please give the details:

a) Name and address of the insurer, Policy Number and period of insurance
b) Past claims, if any

6) Please specify the limits of coverage chosen .Also mention add ons covers chosen (tick in the relevant columns.) with limits

Cover Chosen	**Limits of Cover**			
		Limit (TZS)		**SubLimit (TZS)**
Inpatient	Yes		Bed Limit	
OutPatient	Yes/No		Per consultation Limit	
Maternity	Yes/ No			
Dental				
Optical				
Enhanced Benefits				
		Sub Limits		
Treatment of Preexisting , chronic , HIV/ AIDS and related conditions	Yes/ No			Yes
Congenital conditions and Premature new borns	Yes/ No			
Psychiatry/ Psychotherapy	Yes/ No			
Inpatient Appliances	Yes/ No			
Funeral Cover	Yes/ No			

7) Has any of your earlier proposal for Health insurance been refused or cancelled or any specific condtions imposed.

If so please furnish the details

8) Are there any additional facts or matters, medical or otherwise, affecting or relevant to the proposed insurance?

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for myself or the person to be insured that has not been disclosed to you. I/We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and GA INSURANCE TANZANIA LTD and I/We and/or the person to be insured agree to accept the cover in the ususal form of policy prescribed by the insurer and to pay premium. I/We and/or the person to be insured hereby consent and authorise you to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment, or injury which affects my/our and/or the person to be insured's physical or mental health.

Signature _____ Date _____/_____/_____

DD MM YY

Place _____

Name of the proposer / person to be insured (In Block Letters)

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