

(2)

1.9 Is the Proposed Person a spouse or child of an Insured Person (participant), if so, state Policy Number _____ of Insured Person and Passport No _____ of Participant

2.0 Your address in Bangladesh :

2.1 Your Next of Kin (Mr/ Mrs/ Miss) : _____
_____ Tel. No. _____

2.2 Relationship: _____

2.3 Address : _____

3.0 Your Country of Visit : _____
_____ Tel.No. _____

3.1 Country of Studying or Posting : _____

3.2 Address in Country of Studying or posting : _____
_____ Tel.No. _____

3.3 Name and Address of School/ Work Place you are attending :

3.4 Brief details of nature of future studies / research and activities/ or employment /
employment to be undertaken

_____ From _____ / _____ / _____ / _____
_____ MM _____ YY _____ MM _____ YY

4.1 Name and Address of Bangladesh Sponsor :

_____ Relationship _____

5.0 Period of Insurance required :

5.1 commencement Date : _____ / _____ / _____
_____ DD _____ MM _____ YY

5.2 Total period of months that you are intending to study / work in tile country of study / posting
months

6.0 YOUR MEDICAL HISTORY :

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT)

6.1 Are you in good health and free from physical defect or infirmity?

6.2 Do you ordinaray enjoy good health ? _____

6.3 Have you ever suffered front : _____

a) any nervous or mental condition, fainting episode, blackout, fit or paralysis of
any kind ?

b) high blood pressure, a heart condition, haemorrhoids, varicose veins or other
circulatory disorder, rheumatic fever or diabetes ?

c) a "slipped disc" or other spinal disorder. a hernia, or any rheumatic or arthritic condition ? _____

d) any respiratory, urinary or allergic condition or any disorder of the stomach or bowels ?

e) any other condition requ ring specialist consultation or surgical or hospital treatment ?

f) any symptom or tendency that might necessitate such consultation or treatment in the future ?

6.4 Have you any intention of engaging in winter sports or any other sports or pastimes rendering you liable to personal injury? _____

6.5 Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers? _____

NOTE : If the Proposer :

a. is over 40 years of age and is travelling to North America:

b. Answers to the questions posed under the Medical History Section of this form indicate that the proposal represents in the view of the Insurers a materially sub Standard Risk.

The Proposer should make arrangements for a Medical Examination by a Doctor taking with him this proposal in order that the Doctor completes the section as follows:

MEDICAL EXAMINATION: (TO BE COMPLETED BY A DOCTOR WHO HOLDS M.B.B.S. DEGREE)

- 7.1 a. History :
- b. Any past history of disease operation, accidents, investigations etc. :
- c. General Examination. :
- d. Systematic Examination. :

7.2 **Electrocardiography :**

- a. Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe :
- b. Does the abnormality represent a current illness or disease which may possible be expected to require medical treatment during proposer's forthcoming trip?
- c. Does the proposer now or did he/ she in the past require medication for this abnormality ? :
- d. Please describe any treatment taken by the proposer in the past or being taken at present. :
- e. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his medical condition ? :
- f. Does the Testing Blood/ Unne Strip Test show any Sugar?

Signature of Doc tor : _____

Name of Doctor : _____

Qualifications : _____

Address : _____

_____Tel. No. _____

**SECTION 41 OF INSURANCE ACT 1938
PROHIBITION OF REBATES**

8.0 No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in Bangladesh any rebate of the whole or part of the commission payable or rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the Published prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 500 Taka.

9.0 Name and address of usual medical physician in Bangladesh

_____ Tel. No. _____

9.1 Please attach a copy of your medical report, if any, which was required for Entry Visas or Application to study.

9.2 If you answer YES to any questions (c) to (f) _____
Please give full details with dates _____

(4)

10.0 **DECLARATION:**

Please read IMPORTANT NOTES above before your signing.

I hereby declare and warrant that the above statements are true and complete. I consent to the Sadharan Bima Corporation and / or their appointed Claims Administrator seeking medical information from any Doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorise the giving of such information. I agree that this Proposal shall form the basis of the contract of insurance .

I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by the Sadharan Bima Corporation thereon.

Date : ____ / ____ / ____
 D D M M Y Y

Signature : _____

11.0 **STUDY :**

If you are under 18 years old and / or residing with your parent(s), one of your parents must confirm the accuracy of the information provided in this proposal by signing below :-

Signature of Parent (or Guardian) : _____

Date : ____ / ____ / ____
 DD MM YY

Place : _____

12.0 **EMPLOYMENT:**

If you are being posted overseas by a Bangladesh Employer, the competent official of your Company must confirm the accuracy of the information provided in this proposal by signing below :-

Employer's competent official's signature :

IMPORTANT

IF YOU ARE NOT ABLE TO SIGN THIS DECLARATION AND WARRANTY AT THE TIME OF PROPOSAL OR HAVING SIGNED THE DECLARATION AND THEREAFTER CIRCUMSTANCES CHANGE BEFORE THE FIRST DAY OF INSURANCE WHEREBY THE DECLARATION IS RENDERED INVALID, YOU MUST INFORM SADHARAN BIMA CORPORATION FOR FURTHER ADVICES.

UNDERTAKING

I, Mr / Mrs / Miss / Master _____ do hereby agree and undertake to refund to Sadharan Bima Corporation providing the insurance (hereinafter referred to as the Insurers) all medical related expenses, made by insurer's Claims Administrators on my behalf which expenses are found to be not payable as per terms and conditions of the Policy and which expenses are required to be reimbursed by the Insurer to the Claims Adminsitrator under the agreement made between the Insurer and their Claims Administrator. Such payments would be refunded by me to the insurer in Bangladesh TAKA Immediately.

Signature of Prosperer : _____

Date : ____ / ____ / ____
 DD MM YY

Place : _____