



**PROPOSAL FORM
FOR
TRANSPARENT MEDICAL
INSURANCE**

Trans Pacific Assurance Limited
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Please complete this Proposal Form and return to Trans Pacific Assurance Limited for acceptance.

PERSONAL DETAILS

Mr/Mrs/Ms _____

Address _____

Employed by

Location _____

Telephone: _____ Mobile: _____

Email Address: _____

Date of Birth ____ / ____ / ____ **Age** ____

Height ____ cm **Weight** ____ kg

**IF YOU ARE SEEKING A COUPLE OR FAMILY INSURANCE COVERAGE
PLEASE COMPLETE THE TABLE BELOW:**

RELATION	NAME	OCCUPATION	SEX M or F	Date of Birth
Spouse				
1 st Child				
2 nd Child				
3 rd Child				
4 th Child				
5 th Child				

PLEASE ANSWER YES / NO FOR THE FOLLOWING QUESTIONS FOR AND ON BEHALF OF EACH PERSON NAMED ABOVE:

QUESTION	YOU	SPOUSE	1st Child	2nd Child	3rd Child	4th Child	5th Child
Have you made a Medical Insurance claim in the past year?							
Are you aware of any condition that is likely to require hospitalisation in the future?							
Do you have any pre-existing medical conditions?							
Are you in good health and free from all disease and injury?							
Are you pregnant?							
Do you engage in any hazardous activities (outside of your workplace)?							

Please provide details for "Yes" answers in full below (e.g. when, why):

List details of visits to all doctors in the last 12 months you have attended including the reasons, outcome/prognosis, and any recommended treatment by the examining Medical Practitioner:

If you have held Medical Insurance in the past 12 months, please name the insurer and policy type:

DECLARATION:

I declare that the information supplied by me in this proposal form is true and correct to the best of my knowledge, and that this proposal form shall be the basis of the proposed contract of insurance. I understand that completing this form does not mean that insurance is in place, and that insurance will only commence when this proposal has been formally accepted and confirmed in writing by Trans Pacific Assurance Ltd., and I or my employer have paid the relevant premium to Trans Pacific Assurance Ltd., or agreed arrangements to pay that premium to my Insurance Broker.

I consent to Trans Pacific Assurance Ltd seeking any medical information from any of my past treating doctors or those of my spouse and dependants. I further consent to Trans Pacific Assurance seeking information from any past insurer of myself, my spouse and dependants with relation to coverage I may have held with that insurer, and claims that I may have lodged with that insurer.

I acknowledge that I am signing this proposal form for myself and on behalf of any named spouse and / or dependants and therefore warrant that I have sought their informed consent to do so as if they were individually completing this proposal form in their own hand and on their own behalf.

APPLICANT NAME:

Signed: _____

Date: ____/____/____