

## KURNIA GROUP MEDICAL INSURANCE PROPOSAL FORM

Agent's/Broker's Name & Code :	Branch :
	Marketing Exec :

### 1. EMPLOYER'S PARTICULARS

Name of Company :	Year Established :
Address :	Postcode :
Nature of Business/Occupation :	Telephone No. :
Contact Person :	

### 2. ELIGIBILITY DEFINITION

- a. How many people do your Company/Organization employ? [       ]
- b. Is cover extended to all Employees? [   ] Yes [   ] No
- c. Each present full-time and future employees shall be eligible for insurance:
- ☐ Upon the effective date of the policy.
- ☐ Upon the date of employment for future employees.
- ☐ Upon completion of \_\_\_\_\_ months of continuous service from appointment.
- d. Please give details of any regular offshore, underwater, underground, and manual or fieldwork exposures with numbers in each category.
- e. Basis of Cover [   ] Employee only [   ] Employee & Dependants (including spouse)
- f. Will Eligible Persons contribute towards the cost of this insurance? [   ] Yes [   ] No

Note: If contributory, at least 90% of employees must sign up unless otherwise stated.

### 3. PREVIOUS MEDICAL AND HEALTH RELATED COSTS

- a. Are you currently or have you been covered under any Group Medical / Hospitalization and Surgical Insurance Policy?  
If YES, please provide the following details:
- |                   |               |
|-------------------|---------------|
| Policy No. :      | Expiry Date : |
| Name of Insurer : |               |
- b. Has there been any claims made and if so, how much and how many claims were made for each year for the last 3 years?  
If there is no Medical Insurance, please indicate Hospitalization Medical Expenses for the last 3 years.
- |            | <u>AMOUNT</u> | <u>NO. OF CLAIMS / CASES</u> |
|------------|---------------|------------------------------|
| Year _____ | RM _____      | [       ]                    |
| Year _____ | RM _____      | [       ]                    |
| Year _____ | RM _____      | [       ]                    |
- c. Has an application for medical or hospitalization insurance for your company to be insured ever been declined, postponed or accepted at other than normal terms? [       ] Yes [       ] No  
If YES, please provide details:

Note : Please attach a copy of your previous insurance policy wordings and schedule.

4. PREMIUM SUMMARY		
GHS BENEFITS :	RM	
GOPC BENEFITS :	RM	
TOTAL PREMIUM PAYABLE	RM	
ADD 6% SERVICE TAX	RM	
ADD STAMP DUTY	RM	10.00
ACTUAL PREMIUM PAYABLE	RM	
Cheque No.	Date:	RM

5. GENERAL GUIDELINES		
<b>i) Employee Group Size</b> a. 20 and below - Personal Health Declaration and Enrolment Form b. 21 to 50 - Personal Health Declaration (for employee age 40 years old and above) and Enrolment Form c. 51 and above - For quotation purposes, to indicate number of employees under various categories as below:		
Employee Category	Coverage Type	No. Of Employees
Total		

**ii) Payment**  
All submission must be enclosed with the payment except for group size 51 and above or as specifically agreed by the company.

DECLARATION	
I/we hereby confirm that I/we have taken reasonable care to answer all the questions herein honestly and to the best of my/our knowledge, belief and recollection and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/we understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have affected the premium payable or the acceptance of the risk by the Company.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Authorized Officer	Date
Name	Company Stamp

VERIFICATION ON AUTHENTICITY OF IDENTITY	
<b>For Agent/Staff Use Only</b>	
<b>Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001</b> In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sale.	
Name of Proposer : _____	
VERIFICATION	
Signature	Date
Name of Agent/Staff	
NRIC No.	

- NOTE:
- This proposal form is for a brief description only. The full details of the plan are to be found in the policy.
  - STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
  - Liability is not attached until the proposal has been accepted by the Insurer.
  - Any changes in the information given must be reported to the Insurer immediately or else the Insurer will reserve the right to decline all liability.
  - Please give a definite answer to each question, dashes are not sufficient.
  - Product Disclosure Sheet (PDS) can be obtained through our website [www.kurnia.com](http://www.kurnia.com). You are advised to read the PDS before you take out any product.
  - Liberty General Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
  - A full version of the Privacy Notice of Liberty General Insurance Berhad is available on our website at [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my) for your further reference.