

GENERALI INSURANS BERHAD

PROPOSAL FORM WECARE MEDICAL SCHEME FOR SARAWAK CHINESE ANNUAL CONFERENCE

Important Note: You are to disclose in this proposal form , fully and faithfully, all the facts which you know, or ought to know otherwise the scheme benefit issued hereunder may be void.

<u>Schedule of Benefits</u>	<u>Maximum Amount of Benefit</u>
<ul style="list-style-type: none">- Daily Room and Board- Other Hospital Services- Surgical Benefit- Emergency Out-Patient Treatment (Accident)- Diagnostic X-ray & Lab Test- In-hospital Doctor's Call- Specialist Consultation Fees- Other Related Expenses	RM50,000/- at any one time / sickness and in the aggregate of 52 weeks.

1. Name: _____ IC No.: _____ Sex: ____ Age: ____

(Please attach with photocopy of IC)

2. Occupation: _____ Insured Contact No.: _____ Email Address: _____

3. Company's Name: _____ Office Contact No.: _____

4. Spouse Name: _____ Age: ____ IC No.: _____ Occupation: _____

5. Children: A) _____ Age: ____ IC No.: _____

B) _____ Age: ____ IC No.: _____

C) _____ Age: ____ IC No.: _____

D) _____ Age: ____ IC No.: _____

6. Correspondence Address: _____

7. Are you and your eligible family members now in good health and free from disease injury?

If no, please specify.

DECLARATION BY INSURED

I declare to the best of my knowledge and belief that the above statements are true and I agree that they shall be the basis of this contract.

I understand that the cover is effective only upon acceptance of this proposal form and subject to terms and conditions of "WECARE MEDICAL SCHEME".

Signature of Insured

Witness
Bishop/District
Superintendent/Pastor In Charge
Name: _____

FOR OFFICE USE ONLY (Please fill the box accordingly)
Effective Month: _____