

Application and Good Health Declaration (GHD) for Evidence of Insurability (EOI)

Date :

The Manager

Meridian Finance & Investment Limited

Sub: Group Insurance Coverage with My Fixed Deposit Account

Dear Sir/Madam:

I am the Primary Applicant of Fixed Deposit Account of your Institution Ref. FD Receipt Number: I would like to sign up on this Plan for the Group Insurance Coverage arranged by Meridian Finance & Investment Limited from the Insurance Company. I understand and agree that I shall be Insured under the scheme.

I hereby declare that, I am aged between 18 and 64 years and want to get enrolled into the Insurance Program. I also declare and certify that I am in good health, do not intend to undergo any medical investigation, treatment or surgical operation, and am free from any physical or mental infirmity. I am currently not receiving any treatment, have not been treated or told to have any treatment for Cancer, AIDS, Kidney, Liver or Lung Disorder, Brain Diseases, Heart or Blood Diseases, I am not currently totally or partially disabled due to sickness or an accident and do not have any physical impairment.

Based on the Exclusion Conditions like Pre-Existing Illness/ Disability, AIDS, Suicide, Assault or Murder, Participation in War or War like Operations etc., and Age Eligibility, I believe that I am eligible for this Insurance Coverage.

I also hereby declare that according to my knowledge and belief, all the above statements are true and that I have not withheld any relevant information. I agree that this declaration shall be the basis of this insurance.

I also understand that failure to disclose facts that affect the assessment of risk by the Insurance Company would invalidate the insurance coverage.

I hereby authorize any doctor, hospital, clinic or medical provider, an Insurance Company or any other company, institution or any other person who has any record or information about me to provide the Insurer with the complete information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be valid as the original copy. I hereby understand and agree that this Insurance Coverage shall be, at all times, subject to the terms and conditions of the Master Policy issued by Insurance Company to Meridian Finance & Investment Limited.

Accordingly, I hereby nominate the below Beneficiary(ies):

1. Name:		Relationship:
DOB : DD / MM / YYYY	Nationality:	Country of Residence:
		Benefit *: _____ %
1. Name:		Relationship:
DOB : DD / MM / YYYY	Nationality:	Country of Residence:
		Benefit *: _____ %
* Unless otherwise requested, multiple beneficiaries share the benefits equally and the right to change the beneficiary is reserved.		
Information of the Appointee who will receive policy proceeds on behalf of minor beneficiary(ies), if any		
This appointment shall not be valid unless signed by Appointee	Name of Appointee:	
	DOB: Nationality: Country of Residence:	
	Signature:	
		Relationship to the Beneficiary(ies):

Yours sincerely,

NAME OF APPLICANT: _____

Signature & Date: _____ Date of Birth (Applicant): _____

FDR Account No. : _____