



Funeral Policy Application Form

“better health for Fiji”

Level 9, FNPF Place
343-359 Victoria Parade
P.O. Box 15808, Suva, Fiji Islands
Phone (679) 330 2717 Fax (679) 330 2119

Western Branch:

Level 1 Shop 5 Airport Central Building
Namaka Lane, Namaka, PO Box 4179, Nadi Town
Ph: 6727348, Fax: 6727326, Mobile: 9991773

Funeral Benefit Application Form

Your Duty of Disclosure

It is very important that the answers on your application are correct and complete. Claims can be reduced or refused if it is later found that wrong information has been given.

FNPF # **Employer** **EDP #**
Name of Applicant: Mr/Mrs/Ms/Dr
Given names **Surname**
Residential Address:
Postal Address:
Telephone:
Marital Status:
Date of Birth:
Height: **Cm** **Weight:** **Kg**
Gender: F / M **Smoker:** Yes / No **Regular Doctor:**

NOMINATION OF BENEFICIARY

I nominate the person/s listed below as my beneficiaries to whom the sum insured will be paid in the event of my death. The benefit must be payable to the first beneficiary. If my first beneficiary is unavailable at the time of death, the benefit then must be payable to the second beneficiary. In case, if both my beneficiaries are not available at the time of death, the benefit to be payable to my next of kin (parents, brothers or sisters, etc) and a Statutory Declaration must be produce.

Nomination of Beneficiary	Relationship to applicant	DOB

Insured Occupation:

PERSONAL STATEMENT

To the best of your knowledge have you:

Y/N

1. Ever had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, kidney or liver or bowel disease, digestive disorder, lung disease, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or AIDS?
2. Ever consulted a doctor for medical or surgical advice or treatment of any ailment, injury or sickness?
3. Ever had an application for Life and/or Dread Disease Insurance declined or deferred by a life or general insurance company or society or accepted with a loading or otherwise as submitted or received a disability benefit?
4. Ever engaged in or intend to engage in any hazardous occupation, sport or other pursuit, or intend to engage in aviation other than as a fare paying passenger on a commercial airline?

If you have answered "YES" to any of the questions, please give full details below, showing:

Date Doctor's Name Hospital/Clinic

It is important to note that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. These are facts that an insurer would regard as likely to influence the assessment and acceptance of an application. If you fail to do so and a policy's issued, all or part of the benefit may not be available. If you are in any doubt as to whether certain facts are relevant, you should disclose them.

Details of "YES" answers to the above questions: (Don't forget the name and address of the treating doctor for any conditions you have mentioned).

I, the life to be insured, declare that:

1. I hereby apply for membership to FijiCare and certify that this declaration is true and correct.
2. The answers given above and/or to the Medical Examiner for FijiCare Insurance Limited are true.
3. Any Medical Practitioner who has or may be consulted by me is authorized to divulge at any time to FijiCare Insurance Limited any information with regard to myself.
4. I waive all professional confidence and provisions of the law relating to privilege forbidding disclosure material to the insurance cover.
5. Any untrue statements I may have made, or material information I may have withheld may result in the contract being declared void.
6. The company will be free from all liability until the proposal has been accepted and the policy issued.
7. All notices shall be sent to FijiCare Insurance Limited, P.O. Box 15808, Suva, Fiji.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

Funeral Policy

- This is a death only benefit
- World wide cover
- Any claim whereby the insured committed an illegal act under the Laws of the Republic of Fiji will be declined

Policy Benefit

- Death by any cause followed by a funeral (whether burial, cremation). The benefits are payable on the event of the funeral subject to the listed exclusions:

Summary of Benefits

16 to 30yrs	\$12,000	31 to 39yrs	\$10,000
40 to 45yrs	\$8,000	46 to 49yrs	\$6,500
50 to 55yrs	\$5,000	56 to 60yrs	\$5,000
61 to 65yrs	\$5,000		

Exclusions

No benefit are payable under this policy if claim results directly or indirectly from:

1. War, illegal take over.
2. Insured person committing an unlawful act
3. Suicide
4. AIDS or HIV
5. Pre-existing conditions
6. Nuclear, Biological Chemical weapons etc

Requirements

A list of insured members (including date of birth) must be provided to FijiCare Insurance Limited.

FijiCare will go on risk immediately, subject to the receipt of a written request together with a commitment to proceed with the cover. If FijiCare Ins. Ltd does not receive these documents within thirty (30) days, cover will automatically cease.

PLEASE NOTE THAT FIJICARE INSURANCE LIMITED CANNOT ACCEPT ANY LIABILITY UNTIL IT HAS RECEIVED YOUR APPLICATION AND IT HAS BEEN ACCEPTED AND A POLICY ISSUED

NOTES FOR APPLICATION FORM/PAYMENT AUTHORITY

It is of utmost importance that all questions are answered and that you, the insured fully understand the proposal you are signing.

**FIJICARE INSURANCE LIMITED ALSO OFFERS THE FOLLOWING PRODUCTS:
HOSPITALISATION – OUTPATIENT – DENTAL – OPTICAL – TERM LIFE – PERSONAL ACCIDENT**

**FOR MORE INFORMATION, CONTACT YOUR INSURANCE REPRESENTATIVE
(HOME FINANCE COMPANY LIMITED)**