Shanta Life Insurance PLC
Shanta Western Tower, Level-10
186 Bir Uttam Mir Shawkat Sarak
Tejgaon I/A, Dhaka-1208, Bangladesh
info@shantalife.com

Health Statement For Group Insurance

Part A - To be Completed by Employee	**Employee ID # .....**	**Policy No. .....**

1. Name _____

2. Address _____

_____

3. Marital Status: Single ☐ Married ☐

4. Gender : Male ☐ Female ☐

5. Date of Birth ____/____/____ (D D M M Y Y Y Y)

6. Nationality _____

7. Height _____ ft. _____ inch

8. Weight _____ kgs

9. Occupation _____

10. Have you, at any time, been treated for or been told that you had any trouble with any of the following?
(Answer each item "yes" or "no" in space [ ] provided)

	Yes	No		Yes	No		Yes	No
Heart, Rheumatic Fever			Hernia			Back or Joints		
Tumors			Lungs, Asthma, Pneumonia			Unusual Skin Disease, Glands		
High Blood Pressure			Diabetes			Urinary System		
Cancer			Thyroid			Nervous Disorders		
Eye			Kidneys, Stones, Urinary Bladder			Stomach or Intestines, Liver, Ulcer, Hepatitis B		
Ear, Nose, Throat			STD, AIDS			Mental Problem, Fits, Convulsion, Headache		

Answer each of the following questions (11-18) "Yes" or "No" in the space [ ] provided	**Yes**	**No**
11. Have you been a patient in a hospital or similar institution during the past three (3) years?		
12. Have you been examined by, or consulted a doctor during the past three (3) years?		
13. Have you been advised to enter a hospital or other institution for diagnosis, rest or treatment but did not do so?		
14. Have you been advised to have a surgical operation or procedure but did not do so?		
15. Have you any known physical impairments, deformities, or ill health not covered in 10-14?		
16. Do you intend to seek medical advice, treatment, or have any medical tests performed?		
17. Have you ever had an application for or reinstatement of Life, Accident or Health insurance declined, postponed, rated or in any way modified?		
18. If female, are you pregnant?		
If you have answered "Yes" to any of the above questions 10-18 explain in full below:		

Indicate the Question No. when answering.

Part B -To be Completed by Employee

Name of Dependent	DOB	Relationship	Gender	Please Provide Details About Past & Present Health Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				

* For Female Spouse only: is she pregnant now? ☐ Yes ☐ No

I hereby declare that all statements and all answers to the above questions are complete and true and they are the basis on which insurance is requested under the Group Policy. I hereby authorize any doctor or other practitioner and any hospital or sanitarium to give all information to Shanta Life Insurance PLC whenever company requests about my treatments, examinations, advice or hospitalization.

Date _____ Witness _____ Signature of Employee _____

Name of Organization _____ Seal & Signature of Authorized Person _____

Part C - Shanta Life Underwriting Use Only