Pragati Life Insurance Ltd

Trust us for Life

Head Office : Pragati Insurance Bhaban (Level-3), 20-21 Kawran Bazar, Dhaka-1215.
PABX : 8189184-7, Fax : 88-02-9124024, E-mail : health@pragatilife.com

HEALTH INSURANCE MEMBERSHIP APPLICATION FORM

(Please fill in capital letters and tick mark in appropriate boxes)

1 (One) Passport Size Photograph for each member

1. Name of Employer							
2. Name of Employee							
3. Current Address							
4. Designation					5. PF/ID No.		
6. Date of Birth	Day	Month	Year	7. Sex	Male	Female	

8. Marital Status : Married ☐ Unmarried ☐ Divorce/Others ☐ 9. No. of Children ☐

10. Dependents to be included under the Plan

Name	Date of Birth	Sex	Relationship

11. Coverage For : Self ☐ Spouse ☐ Family (Spouse & Children) ☐

12. Plan Option : Economy ☐ Executive ☐ Executive Plus ☐ Corporate ☐ Corporate Plus ☐

HEALTH QUESTIONSAIRE

No insurrance cover will apply in respect of any condition or related conditions, which exists or has existed before the acceptance of risk by Pragati Life Insurance Ltd. unless it has been declared to and accepted by Pragati Life Insurance Ltd. It is, therefore, in your interest, answer these questions fully and provide accurate information.

If the answer is "Yes", write details in the space provided below :

A. Currently are you or any of the dependents to be included in the plan.

(i) suffering from tubercelosis, diabetes, asthma, rheumatic fever, heart disease, hypertension, epilepsy, kidney disease, genito-urinary or gynecological disorder, cataract, cancer, mental illness, hernia, any disease of recurring nature or any chronic ailment? **Yes** ☐ **No** ☐

Name of person	Disease	Duration

(ii) receiving any treatement or on a special diet or on regular check up or have symptoms of any illness, injury, disability, impairment which is known, evident or suspected? **Yes** ☐ **No** ☐

Name of person	Details

(iIi) covered under any/health insurance policy from any insurance company for similar benefits? **Yes** ☐ **No** ☐

Name of person	Insurer	Benefit limit & date of commencement

Please Turn Over