

## Term Assurance Application Form

*In association with:*

**GUARDRISK**   
TAILORED RISK SOLUTIONS



## Intermediary Details (to be completed by the intermediary)

Intermediary Company Name  
and Address (or stamp)

Agency Number

Adviser Name

Email Address

Telephone

## Important Information

The information provided in this document is based on the understanding of Guardrisk Life International Limited of current Mauritius law as at February 2017, which may change in the future. No liability can be accepted for any personal taxation consequence of this insurance scheme or for the effect of future changes to tax, insurance or other applicable legislation.

### PRIVATE AND CONFIDENTIAL

All information provided in this application form, and any other information you provide for the assessment of your application will be treated as strictly Private and Confidential.

Expatriate Group and Guardrisk Life International Limited will use the information you give (as well as information about you relating to any existing Policy you may have with them for administration, underwriting, claims, research and statistical purposes.

Expatriate Group and Guardrisk Life International Limited may pass this information, and any medical information provided, to medical examiners and practitioners, underwriters, claims investigation companies, life insurance or reinsurance companies, data processors, and to any company or agency appointed for these purposes. (These companies or agencies may be located in countries that do not have laws to protect your information. Guardrisk Life International Limited will remain responsible for making sure that the information is held securely.)

Expatriate Group and Guardrisk Life International Limited may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

Complaints which we cannot settle can be referred to:

The Chief Executive

Financial Services Commission, FSC House, 54 Cybercity Ebene, Mauritius

Email: fscmauritius@intnet.mu | Telephone: +230 403 7000 | Fax: +230 467 7172

The Term Life Assurance contract is governed by the laws of Mauritius and all disputes relating to this Policy shall be subject to the jurisdiction of the courts of Mauritius, except as otherwise expressly agreed by the parties in writing.

## Thank You

Thank you for choosing Expatriate Group Term Life Insurance by Guardrisk, a leading provider of insurance solutions for the international market.

## 1 - Introduction

### Your Application

We recommend that you read all product literature, including the Policy Terms and Conditions, Policy Guide and your quotation, fully and carefully, before you complete this form; and seek guidance from your financial adviser or insurance broker regarding the suitability of this Policy to your own particular circumstances.

Once your application has been accepted and your Policy has started, you will receive an electronic copy of your Policy schedule, which you should also read fully and carefully during the cooling off period. You are entitled to ask for a copy of your application form at any time. You should keep all correspondence and documents related to your Policy in a safe place for future reference.

### Completing this Form

All the questions we ask are relevant and important. If your application is incomplete or does not include all the information we ask for, it will result in delays. If you require more space to write your answers, please attach any additional sheets you may have used to this application. You must sign and date any additional sheets you attach.

Please tick here if additional sheets are attached.

Please complete the form in English. If you are completing it by hand, please use blue or black ink, and write clearly in BLOCK CAPITAL letters. If you make an error, please cross it out, write the new information clearly, and initial each corrected error. Do not use correcting fluid or other methods of removing incorrect information.

### Full and Complete Disclosure

You must complete all sections accurately and completely to the best of your knowledge. We have the legal right to cancel any Policy issued, or not pay a claim, where the application form contains false or incomplete information.

### Medical Evidence

**WE WILL ONLY PAY FOR MEDICAL ASSESSMENTS AND/OR EVIDENCE WHICH WE HAVE SPECIFICALLY REQUESTED.**

## 2 - Start Date

A specific Start Date is normally only required for policies which will cover loans, such as mortgages and therefore required to be in place by a certain date. Generally, policies required for family or business protection do not require a specific Start Date.

Once your application is accepted, we will start your Policy immediately after we receive your first premium, unless you instruct us otherwise, or you state a specific date here on which you require the Policy to start.

Please apply a Start Date of

DD/MM/YYYY

(If you leave this blank, your Policy will start after we receive your first premium.)

If your application is not accepted on standard terms, your Policy will not start until we receive written acceptance of any revised terms we have offered, and have received your first premium.

Insurance cover cannot be assumed to be in place until your first premium has been received.

### **IMPORTANT - CHANGES IN HEALTH OR CIRCUMSTANCES BEFORE THE START DATE**

You must inform us of any changes in your health or circumstances which occur between the date of this application and the Start Date of your Policy, which would have resulted in you providing different answers in this application.

Such changes would include developing a symptom of any type which is asked about in this application, or having or expecting to have doctor, hospital or clinic consultation, treatment as an in-patient or out-patient, or a blood test for any reason.

They would also include any changes or planned changes to your lifestyle such as taking up any hazardous sport or pastime, or intending to do so; as well as any changes or planned changes to your occupation, country of residence, or travel obligations.

To inform us of any such changes, please email [admin@expatriategroup.com](mailto:admin@expatriategroup.com); and we will confirm in writing whether any non-standard terms are proposed for your Policy.

Failure to inform us of any such change may result in non-payment of a claim, or cancellation of your Policy. Please advise your Policy Number or Quote Reference in any communication.

### 3 - Life Assured Details

A Life Assured is the person or persons on whose death the Death Benefit becomes payable. Please complete each section in full, in BLOCK CAPITALS. If any section is Not Applicable, please mark "N/A".

	Life Assured 1	Life Assured 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other
First Name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input style="width: 100%;" type="text" value="DD/MM/YYYY"/>	<input style="width: 100%;" type="text" value="DD/MM/YYYY"/>
Relationship between lives to be assured	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Current Residential Address <i>(including street name, town, area code and country)</i>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Correspondence Address <i>(if different)</i>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Telephone Number <i>(including country code)</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please provide the best telephone number and an email address for us to contact you.

## 4 - Policy Details

Please provide the reference number of the quotation you are applying for, and the exact details of that quotation.

Currency of Quote	<input type="checkbox"/> USD (\$)	<input type="checkbox"/> GBP (£)	<input type="checkbox"/> EUR (€)
Quotation Number	<input type="text"/>		
Type of Policy Required	<input type="checkbox"/> Single Life	<input type="checkbox"/> Joint Life First Death	<input type="checkbox"/> Joint Second Death
Amount of Cover Required	<input type="text"/>		
Premium Quoted	<input type="text"/>		
Desired premium payment frequency	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	

*NB - Monthly premiums can only be paid by Credit Card.*

## 5 - Policyholder Details

**THIS SECTION SHOULD ONLY BE COMPLETED IF THE POLICYHOLDER IS DIFFERENT TO THE LIFE ASSURED**

Every life insurance Policy has a Policyholder who owns the Policy. Every life insurance Policy also has a Life Assured which is the person/s on whose death the Death Benefit becomes payable. Often the Policyholder and the Life Assured are the same person, but occasionally the Policyholder is a third party who owns a Policy on the life of another. In these cases, the Policyholder may be a Trust, a Company, or another person such as a family member.

### IF POLICYHOLDER IS A COMPANY OR TRUST

Only complete this section if the Policy will be owned by a Company or by a Trust.

Company/Trust Name	<input type="text"/>
Registered Address <i>(including street name, town, area code and country)</i>	<input type="text"/>
Correspondence Address <i>(if different)</i>	<input type="text"/>
Contact Person's Name	<input type="text"/>
Telephone Number <i>(including country code)</i>	<input type="text"/>
Email	<input type="text"/>

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

### IF POLICYHOLDER IS AN INDIVIDUAL

Only complete this section if the Policy will be owned by a person who is not the Life Assured.

Title  Mr  Mrs  Miss  Ms  Dr  Other

First Name(s)

Last Name

Gender  Male  Female

What is your relationship with or interest in the Life/Lives Assured?

Date of Birth

Passport/ID Number

Current Residential Address  
*(including street name, town, area code and country)*

Telephone Number  
*(including country code)*

Email

### 6 - Occupation Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

	Life Assured 1	Life Assured 2
1. What is your occupation? <i>If you have more than one, please provide details of each.</i>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
2. How many years have you practised your occupation(s)?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
3. Name and Address of Employer(s) <i>If you have more than one, please provide details of each.</i>	<input type="text"/>	<input type="text"/>

4. Nature of Business of Employer(s)  
e.g. Oil & Gas, Engineering, Financial Services, etc.


5. How long have you worked for your current employer(s)?


6. Do you work underground, underwater, at heights of more than 3 metres, offshore, and/or are there any hazardous aspects to your occupation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If the answer to any of these is "Yes", using the space provided below, please provide full details, including estimated percentage of your working time spent underground, underwater, at heights, or engaging in hazardous activities.  
If you work at heights, please state average and maximum heights at which you work.*

7. Has your occupation involved travel outside your current country of residence in the last two years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Do you expect your occupation to involve travel outside your current country of residence in the future?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If you have answered "Yes" to questions 7 and/or 8, using the space provided below, please provide details, including specific countries visited, dates of visits, and duration of each stay. If you travel extensively, please provide a list of countries visited each year, how often you typically visit each country per year, and the average length of stay in each country. For future travel, please provide details listing those countries you expect to visit, how many times per year, and how long you expect each visit to be.*

9. Do you intend to change your occupation in the next six months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If you have answered "Yes", please provide details of new occupation, using the space provided below.*

If you have answered "Yes" to any of the questions in this section, please provide additional details here. Please be sure to note the Question Number for which you are providing additional information.

Question Ref. No.

Life Assured 1

Question Ref. No.

Life Assured 2



*If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.*

## 7 - Education and Income Details

Our quotation engine requires information about a person's age, gender, nationality, residence and smoking status to produce a basic quotation.

### 7A - Education

Please select ONE of the following education levels, and provide further details in the space below.

- |  |  |
|--|--|
| <input type="checkbox"/> Incomplete primary and secondary school education.  | <input type="checkbox"/> university.   |
| <input type="checkbox"/> Completed primary and secondary school education.   | <input type="checkbox"/> Completed all school education, and attended more than 5 years' tertiary education at a college or university, or is recognised by a professional or education body as a Doctor or Professor. |
| <input type="checkbox"/> Completed all school education, and attended at least 2 years' tertiary education at a college or university. |  |
| <input type="checkbox"/> Completed all school education, and attended at least 4 years' tertiary education at a college or university. |  |

If you have attended 2 or more years' tertiary education at a college or university, please provide details of each college or university attended, and which courses you undertook. You may also use this space to provide any further details you may think are relevant.

**7B - Income**

Please state your income from employment (in the same currency as this application) for the last two years.

Life Assured 1

Life Assured 2

Year

Year

Year

Year

Please state your income from any other sources (in the same currency as this application) for the last two years, and provide further detail in the space provided below.

Life Assured 1

Life Assured 2

Year

Year

Year

Year

### 8 - Nationality and Residence Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

	Life Assured 1	Life Assured 2
1. Country of Birth	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
2. Nationality	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
3. Do you hold citizenship for any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you have answered "Yes", please provide details of any additional countries of which you are a citizen, using the space provided on pages 14 or 15.*

	Life Assured 1	Life Assured 2
4. What is the legal basis for stay in your country of residence? <i>e.g. Citizen, work permit, etc.</i>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
5. How long have you lived in your current country of residence?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
6. How long do you intend to continue living there?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
7. In which country do you intend to live next? <i>If unknown, please state "Unknown".</i>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
8. Please list all countries in which you have lived, and how long you lived in each country.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

## 9 - Lifestyle Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

To be considered a non-smoker, you must have not used any form of tobacco or any nicotine based products within the last 12 months.

### Life Assured 1

### Life Assured 2

1. If you have smoked, or used any form of tobacco or nicotine based products in the last 12 months, please state in which form, and how frequently.



*Tobacco/nicotine based products include cigarettes, cigars, pipe tobacco, shisha, chewing tobacco, nicotine patches, nicotine gum, and electronic cigarettes.*

2. If you have stopped, when did you last use tobacco, in what form, and how frequently did you use it?



3. Do you drink alcohol?

Yes

No

Yes

No

4. Please state how many units of alcohol you drink per week.



*1 unit = 1 measure of spirits, 1 glass of wine, or ½ pint of beer*

5. Have you ever been advised by a doctor, or any other medical practitioner, to reduce or stop your alcohol consumption on medical grounds; or have you ever taken part in counselling, therapy, or a programme with the aim of reducing or stopping your alcohol consumption?

Yes

No

Yes

No

*If you have answered "Yes", please provide further details using the space provided on pages 14 or 15.*

6. In the last 7 years, have you taken any non-prescription drugs?

Yes

No

Yes

No

*e.g. LSD, ecstasy, cocaine, heroin, cannabis, anabolic steroids. If you have answered "Yes", please provide further details using the space provided on pages 14 or 15.*

7. Do you engage in any hazardous sport or pastime, or do you intend to start?

Yes

No

Yes

No

*e.g. mountaineering, motor sport, sub-aqua diving and private flying, but you should include any activity considered hazardous. If you are in doubt as to whether an activity is considered hazardous, it should be included. You do not need to include details of sports such as horse riding, skiing, football, rugby, hockey, cricket, or racquet sports, unless you participate in these sports professionally or semi-professionally. If you have answered "Yes", please provide further details, using the space provided on page 14 or 15.*

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

If you have answered "Yes" to any of the questions in Sections 8 or 9, please provide additional details here. Please be sure to note the Section and Question Number for which you are providing additional information.

Question Ref. No.

Life Assured 1

*If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.*

If you have answered "Yes" to any of the questions in Sections 8 or 9, please provide additional details here. Please be sure to note the Section and Question Number for which you are providing additional information.

Question Ref. No.

Life Assured 2

*If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.*

**10 - Insurance and Financial Details**

Please answer each question in full, providing as much detail as is relevant.

**10A - Insurance Details**

1. Please provide full details of any existing insurance policies on your life, or tick 'None'.

Life Assured 1  None

Name of Insurer	Sum Assured (State Currency)	Start Date & Length of Term	Reason for Policy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Life Assured 2  None

Name of Insurer	Sum Assured (State Currency)	Start Date & Length of Term	Reason for Policy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Once this application has been issued, will you cancel any of the policies listed above?

Life Assured 1  Yes  No  N/A      Life Assured 2  Yes  No  N/A

Company and Policy Details

Company and Policy Details



3. With the exception of any policies listed above, have you applied to any other insurance company for life insurance in the last 12 months, or do you intend to do so?

<p><b>Life Assured 1</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Company <input type="text"/></p> <p>Date <input type="text"/></p> <p>Sum Assured <input type="text"/></p> <p>Reason for Policy <input type="text"/></p>	<p><b>Life Assured 2</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Company <input type="text"/></p> <p>Date <input type="text"/></p> <p>Sum Assured <input type="text"/></p> <p>Reason for Policy <input type="text"/></p>
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4. Have you ever applied for life, critical illness, income protection or disability insurance and been asked to pay a higher premium, had special terms imposed, or had your application declined?

<p><b>Life Assured 1</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Company <input type="text"/></p> <p>Date <input type="text"/></p> <p>Sum Assured <input type="text"/></p> <p>Reason for Adverse Decision <input type="text"/></p>	<p><b>Life Assured 2</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Company <input type="text"/></p> <p>Date <input type="text"/></p> <p>Sum Assured <input type="text"/></p> <p>Reason for Adverse Decision <input type="text"/></p>
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### 10B - Financial Details

What is the purpose of applying for this insurance?

From the options below, please select any of the Personal Protection options which apply OR select Business Protection, then complete the details requested for those section(s) you have selected. For sums assured in excess of USD 3 million, or currency equivalent, a Financial Questionnaire must be completed and attached to this application form. Please note, we reserve the right to request evidence.

- Personal – Family Protection**  
Complete section B1 – Family Protection
- Personal – Loan Protection**  
Complete section B2 – Loan Protection
- Personal – Estate Planning**  
Complete section B3 – Estate Planning

- Business Protection**  
Examples include key person insurance, partnership or shareholder protection or protection for a loan taken out on behalf of a business.  
Complete section B4 – Business Protection

**10B1 - Family Protection** *(You should only complete this section if you have ticked 'Family Protection' above)*

1. Please list your dependants, detailing their ages and their relationship to you.

Name	Age	Relationship

2. Please outline the basis on which the Sum Assured was calculated for this application.

As a guide, for family protection, the total insurance provided by any existing policies and the Sum Assured of this application.

Age Next Birthday	Life insurance as a multiple of income
18 - 30	20 times
31 - 50	30 times
51 - 60	20 times
61 - 65	10 times
Over 65	5 times

**10B2 - Loan Protection** *(You should only complete this section if you have ticked 'Loan Protection' above)*

1. Who is the Lender?

2. What is the reason for the loan?

*If for a mortgage, will this be for your main residence or for an investment property?*

3. What is the amount and the duration of the loan?

4. Is the loan conditional on the issue of this policy?  Yes  No

5. If the Sum Assured exceeds USD500 000 (or equivalent), please attach a copy of the loan offer letter, loan agreement, or other evidence of the loan.  Yes  No

**10B3 - Estate Planning** *(You should only complete this section if you have ticked 'Estate Planning' above)*

1. What is the value of your Estate Duty liability?

2. Please detail how, and by whom, this was calculated?

**10B4 - Business Protection** *(You should only complete this section if you have ticked 'Business Protection' above)*

1. What is the reason for the cover?

2. Please outline the basis on which the Sum Assured was calculated.

**11 - Family and Medical History**

All the questions we ask are relevant and important. You must complete all sections accurately and completely to the best of your knowledge. We have the legal right to cancel any Policy issued, or not pay a claim, where the application form contains false or incomplete information. If you answer "Yes" to any question in this section, please provide full details, including all facts, as they can influence the assessment and acceptance of your application.

1. Has any member of your immediate family died, or suffered from heart disease, cancer, multiple sclerosis, diabetes or from any other familial/hereditary disorder before the age of 60? If "Yes", please provide details of which family members have been affected, as well as the cause of death, or the conditions they suffer from.

**Life Assured1**  Yes  No

**Life Assured2**  Yes  No

Life Assured 1

Life Assured 2

2a. What is your height?  
*In centimetres or feet and inches*



2b. What is your weight?  
*In kilograms or pounds*



2c. Apart from as a result of intentional weight loss, or pregnancy, have you lost more than 6 kilograms in the last six months?

 Yes

 No

 Yes

 No

3. Do you currently have, or have you ever had, any of the following:

Life Assured 1

Life Assured 2

a. Cancer, leukaemia, Hodgkin's disease, lymphoma or a brain or spinal tumour?

 Yes

 No

 Yes

 No

b. Heart disease, angina, a heart attack, heart abnormality or defect, heart valve disorder or an irregular heart beat?





c. A stroke, mini stroke, transient ischaemic attack (TIA) or a brain or subarachnoid haemorrhage?





d. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, paralysis or paraplegia?





e. Visual disturbance, blurred or double vision, optic or retrobulbar neuritis?





f. Tingling, pins and needles, numbness, a tremor or any loss of feeling, balance or coordination, for which you consulted a doctor or hospital?





g. Have you ever tested positive for HIV, Hepatitis B or C, or are you awaiting the results of such a test?





*If the result was negative, having had an HIV test will not, in itself, have any effect on the assessment of this application.*

*If you have answered "Yes" to any of these questions, please provide additional details in the space provided on page ??.*

4. In the last five years, have you had any of the following:

	Life Assured 1		Life Assured 2	
a. Any lump that has appeared or grown in size, or a mole or freckle that has bled, caused pain or changed in appearance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Raised blood pressure or raised cholesterol for which treatment, further readings or a change in diet were advised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asthma, bronchitis, tuberculosis, coughing with blood or any chest, lung or breathing disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any epilepsy, seizure, fit or blackout, and any recurrent headache for which you have consulted a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Any impairment of vision or hearing or any disorder of the eyes or ears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>You may ignore sight problems corrected by glasses or contact lenses but you must tell us about all hearing problems, even if corrected by hearing aids.</i>			
f. Diabetes, Crohn's disease or colitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any disorder of the kidneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Treatment or a positive test for any disease which was transmitted sexually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i(i). Any mental illness or eating disorder or have you attempted self-harm or taken an overdose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i(ii). Any feelings of depression, anxiety, stress or fatigue that you have reported to a doctor, hospital, nurse, psychologist or psychiatrist or any other type of medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Within the last 5 years, have you been exposed to the risk of HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>HIV can be transmitted through unsafe sex, intravenous drug use, and blood transfusions.</i>			
k. Any skin problems such as psoriasis, dermatitis or sun damaged skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

l. Any problems with the spine, joints, bones or muscles, such as arthritis, rheumatism, back pain or back surgery, slipped disc, fractured bones or joint problems?

If you have answered "Yes" to any of these questions, please provide additional details in the space provided on pages 23 and/or 24.

**5. In the last two years, if not already mentioned:**

Life Assured 1

Life Assured 2

a. Have you consulted any medical practitioner or attended a hospital or clinic as an inpatient or outpatient?  Yes  No  Yes  No

*You do not need to give details of occasional consultations with your regular doctor for colds, flu, or consultations for oral contraceptive pills, smear tests, or for well man/woman check-ups where the results are known and were normal.*

b. Have you had, or been advised to have, any medical investigation, x-ray, scan or test?

**6. In the last twelve months:**

Have you been prescribed any drug or medicine, or had any other form of medical treatment? e.g. physiotherapy, psychotherapy

**7. In the last six months:**

Have you had any medical symptom, change in your physical or mental health or change in your physical or mental ability for which you have not consulted a doctor, hospital or medical practitioner?

*You do not need to give details of colds and flu which have lasted less than 2 weeks in total.*

**8. In the next twelve months:**

Are you due to have any consultation or check-up in connection with any medical symptom or condition, or are you waiting for the result of any medical investigation?

If you have answered "Yes" to any of these questions, please provide additional details in the space provided on pages 23 and/or 24.

Life Assured 1

Life Assured 2

Please provide Name, Address and Telephone Numbers of the doctor, clinic or hospital most familiar with your medical history.

If you have answered "Yes" to any of the Medical History questions, please provide details of the disease or disorder noted, including the date of diagnosis, details of the doctor consulted, the result of investigations, the treatment prescribed, as well as how much, if any, time you were absent from work.

Question Ref. No.

Life Assured 1

*If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.*

Question Ref. No.

Life Assured 2

*If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.*





## 12 - Access to Existing Medical Records

We might not contact your Doctor. Even if we do, you must still disclose all facts and information when completing this application form.

We may need medical reports to support your application. Before we can ask any doctor you have consulted to fill in a report, we need your permission. Before you give permission, you should read the Medical Examination Report the doctor will complete to understand which questions are asked. You do not need to give your permission, but if you do not, we may not be able to proceed. This will not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us; in which case, you must instruct the doctor not to release the report until you have arranged to see it, and given them permission to send it, but this will delay your application. If you choose not to see the report at this stage, you may ask the doctor or us for a copy at any time. If you think that any part of the report is not factually correct or is misleading, you may ask the doctor to amend it. If the doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report. Your doctor can withhold access to the report from you if they feel it would cause physical or mental harm to you or others.

We do not ask your doctor to reveal information about negative tests for HIV, Hepatitis B or C, or any sexually transmitted diseases unless there could be long term effects on your health; or predictive genetic tests unless there is a favourable test result showing you have not inherited a genetic disorder your family suffers from.

The information you and your doctor provide about your health may result in us refusing to provide insurance; offering you cover at a higher than standard premium; applying an exclusion to the cover; or accepting your application at standard rates.

## 13 - Declaration

This declaration must be signed by each Life Assured and each Policyholder (where applicable).

1. This application is my official request to enter into a contract with Guardrisk Life International Limited providing the foregoing Policy. I understand and accept that the contract will be on Guardrisk Life International Limited's standard Terms and Conditions for Expatriate Group's Term Life Insurance (as applicable to my application).

I understand and accept that Guardrisk Life International Limited is subject to the supervisory arrangements and laws of Mauritius; and that Expatriate Group's Term Life Insurance contracts are governed by the laws of Mauritius; and that all disputes relating to this Policy shall be subject to the jurisdiction of the courts of Mauritius; except as otherwise expressly agreed by the parties in writing.

I understand and accept that this application can only be accepted, in writing, by employees of Guardrisk Life International Limited or Expatriate Group, and that no other parties have the necessary authority to create a binding contract.

2. I/We acknowledge that, in the event of any premium tax or withholding tax being levied in my/our country of residence, it will be my/our responsibility to settle such tax liabilities directly with the relevant tax authorities; or where there are any statutory reporting requirements by any authority in my/our country of residence related to any premiums paid or insurance contracts owned, it will be my/our responsibility to make such reports as may be required directly to the relevant authorities.
3. Where I am a Life Assured, but not a Policyholder, I consent for this application to proceed for insurance on my life.
4. Where I am a Policyholder, I confirm that I have not been subject to a sequestration order, declared insolvent, or unfit to enter into contracts. I also confirm that I have contracting capacity in respect of this Policy.

5. I understand and accept Guardrisk Life International Limited (as insurer) and Expatriate Group (as Policy administrator) may require sight of my medical records to consider a claim. I authorise any doctor, physician, practitioner, hospital, clinic, insurance or reinsurance company, employer, other individual organisation or government office that has any records or knowledge of me or my health to disclose to Guardrisk Life International Limited, any information for the purpose of considering a claim. This authorisation shall irrevocably bind my successors and assignees and remain valid, notwithstanding my death or incapacity, and a copy of this authorisation shall be as effective and valid as the original.
6. I understand that information given to Guardrisk Life International Limited, and Expatriate Group, in connection with this application may be used by them in their consideration of any claim in future, and may be shared with a third party, e.g. a medical examiner, to help in the assessment of a claim against this Policy.
7. I understand that the Terms and Conditions and a copy of this completed application are available on request.
8. I understand and accept that where I am applying on the advice of a Financial Adviser or Insurance Broker, that Financial Adviser or Insurance Broker is acting on my behalf and not as an agent of Guardrisk Life International Limited or Expatriate Group.
9. I have read all the information contained in Section 1 of this application, and checked my answers to the questions in this application and declare that, to the best of my knowledge and belief, all the information I have given is true and that no fact has been withheld.

I understand I must ensure that all facts I have disclosed to my Financial Adviser or Insurance Broker in answer to the questions in this application are accurately recorded in this application.

I understand and accept that failure to disclose a fact or the giving of false information may give Guardrisk Life International Limited the right to cancel from inception any Policy issued as a result of this application and may invalidate any future claim.

I understand that I must inform Guardrisk Life International Limited and Expatriate Group without delay of any changes in my health or circumstances which occur between the date of this application and the Start Date of the Policy, which would have resulted in me providing different answers to the questions in this application.

10. I accept that if I am required to undergo a medical examination, the replies to the medical examiner's questions will form part of this application.

I understand and agree that Guardrisk Life International Limited will use the information I give (as well as information about me relating to any existing Policy I may have with Guardrisk Life International Limited) for administration, underwriting, claims, research and statistical purposes. I authorise Guardrisk Life International Limited and Expatriate Group to pass information, including medical information, to medical examiners and practitioners, underwriters, claims investigation companies, life insurance or reinsurance companies, data processors, and to any company or agency appointed for these purposes. (These companies or agencies may be located in countries that do not have laws to protect your information. Guardrisk Life International Limited and Expatriate Group will remain responsible for making sure that the information is held securely.)

I also agree that Guardrisk Life International Limited and Expatriate Group may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

11. I agree to Guardrisk Life International Limited and Expatriate Group asking any doctor I have consulted about my physical or mental health to provide medical information so they may assess this application. I agree they may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance on my life for which I have applied. I authorise those asked to provide medical and Policy information when presented with a copy of this

consent form.

12. I have read and understood Section 12 relating to Access to Existing Medical Reports. I understand this does not apply to any medical examination and tests I may be required to undergo in respect of this application.

As Life Assured, I **do not** want to see the medical report before it is released.

As Life Assured, I **do** want to see the medical report before it is released.

You must indicate your preference by selecting one of the options above. We will not process your application if you have not selected one of these options.

I have received the quotation, numbered

and I have read, understood, and accept the Terms and Conditions for this Policy.

**Life Assured 1**

(who will also be Policyholder 1 if Section 5 is not completed)

Signature

**Life Assured 2**

(who will also be Policyholder 2 if Section 5 is not completed)

Signature

Date DD/MM/YY

Date DD/MM/YY

This application must be received by Expatriate Group within six weeks of the date of signing.

**Policyholder 1**

(only to be signed if Policyholder 1 is different to Life Assured 1)

Signature

**Policyholder 2**

(only to be signed if Policyholder 2 is different to Life Assured 2)

Signature

Date DD/MM/YY

Date DD/MM/YY

If signing on behalf of a company or trust, please state in what capacity you are signing (e.g. *Company Secretary or Trustee*)

Capacity

Capacity

## 14 - Beneficiary Appointment

Complete this section to appoint a beneficiary, or beneficiaries, to receive the amount payable on death. Using this form may not be an effective solution if your objective is to reduce the inheritance tax/estate duties payable by your estate following your death. You should obtain legal advice before completing this section.

Subject to any future revocation or appointment of beneficiaries, I/we\* hereby appoint the following person/ persons\* as beneficiary in the share/shares\* indicated below. \*Delete as applicable

This appointment does not apply to any payment of benefits made under the terms of the Terminal Illness Benefit.

### Beneficiaries

If you are nominating each other as primary beneficiary, the percentage share must be 100% each.

### Share of Benefit

Please ensure total =100%

Full Name



Date of Birth

Relationship to Life Assured

Address

*(including street name, town, postcode and country)*

Full Name



Date of Birth

Relationship to Life Assured

Address

*(including street name, town, postcode and country)*

Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.

### Beneficiaries

If you are nominating each other as primary beneficiary, the percentage share must be 100% each.

### Share of Benefit

Please ensure total =100%

Full Name



Date of Birth

Relationship to Life Assured

Address  
*(including street name, town, postcode and country)*

Full Name



Date of Birth

Relationship to Life Assured

Address  
*(including street name, town, postcode and country)*

Full Name



Date of Birth

Relationship to Life Assured

Address  
*(including street name, town, postcode and country)*

Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

**If at the time of any payment, you are unable to contact a beneficiary, you should make enquiries with the following person/persons\* for the purposes of locating the beneficiary.**

If no contact name is provided, this will not affect the validity of this appointment. Names and details of other contact persons can be provided on separate sheets, which you should sign and date.

Full Name

Address

*(including street name, town, postcode and country)*

Telephone



I/We\* confirm that I/we\* have taken legal advice before signing this beneficiary appointment instruction.

I/We\* have elected not to take legal advice before signing this beneficiary appointment instruction.

I/We\* understand that this beneficiary appointment shall be revoked by any surrender assignment or disposal of the Policy, and by my death/the death of the survivor of us\*, if at my death/the death of the survivor of us\* I am/we are\* survived by other persons named as Life Assured on the schedule to the Policy.

This instruction shall form part of the Policy and any appointments made, are made in accordance with the relevant provision of the Policy Terms and Conditions.

All signatories to Section 13 must sign here in the same capacity.

**Life Assured 1**

Signature

Date DD/MM/YY

**Life Assured 2**

Signature

Date DD/MM/YY

**Policyholder 1**

Signature

Date DD/MM/YY

**Policyholder 2**

Signature

Date DD/MM/YY

Accepted by Expatriate Group on

Date DD/MM/YY



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