



KURNIA INSURANS (MALAYSIA) BERHAD

(A member of the Kurnia Group of Companies)
Company Number : 44191-P

HEAD OFFICE:
IBU PEJABAT

Menara Kurnia, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
P.O. Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan.
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MI-UW-F004
REV : B



SIRIM
CERTIFIED TO MS ISO 9001:2000
Registration No: AR 0934

KURNIA GROUP MEDICAL INSURANCE PROPOSAL FORM

Agent's / Broker's Name : Branch :

Agent's Code : Marketing Exec :

1. EMPLOYER'S DETAILS

Name of Company : Year Established :

Address : Postcode :

Nature of Business / Occupation : Telephone No. :

Contact Person :

2. ELIGIBILITY DEFINITION

a. How many people does your Company / Organization employ ? []

b. Is cover extended to all Employees? [] Yes [] No

c. Each present full-time and future employees shall be eligible for insurance:
 upon the effective date of the policy.
 upon the date of employment for future employees.
 upon completion of _____ months of continuous service from appointment.

d. Please give details of any regular offshore, underwater, underground, manual or fieldwork exposures with numbers in each category.

e. Basis of Cover [] Employee only [] Employee & Dependants (including spouse)

f. Will Eligible Persons contribute towards the cost of this insurance? [] Yes [] No

Note : If contributory, at least 90% of employees must sign up unless otherwise stated.

3. PREVIOUS MEDICAL AND HEALTH RELATED COSTS

a. Are you currently or have you been covered under any Group Medical / Hospitalization and Surgical Insurance Policy? If YES, please provide the following details:
Policy No. : Expiry Date :
Name of Insurer :

b. Has there been any claims made and if so, how much and how many claims were made for each year for the last 3 years? If there is no Medical Insurance, please indicate Hospitalization Medical Expenses for the last 3 years.

	<u>AMOUNT</u>	<u>NO. OF CLAIMS / CASES</u>
Year _____	RM _____	[]
Year _____	RM _____	[]
Year _____	RM _____	[]

- c. Has an application for medical or hospitalization insurance for your company to be insured ever been declined, postponed or accepted at other than normal terms? [] Yes [] No
If YES, please provide details:

Note: Please attach a copy of your previous insurance policy wordings and schedule.

4. PREMIUM SUMMARY

CORE BENEFITS

RM

OPTIONAL BENEFITS: 1) (If any)

RM

2)

RM

3)

RM

TOTAL PREMIUM PAYABLE

RM

ADD GOVERNMENT TAX (5%)

RM

ADD STAMP-DUTY

RM

10.00

ACTUAL PREMIUM PAYABLE

RM

Cheque No.

Date:

RM

5. GENERAL GUIDELINES

I. Employee Group Size

- 20 and below - Personal Health Declaration and Enrolment Form
- 21 to 50 - Personal Health Declaration (for employee above 40 years old) and Enrolment Form
- 51 and above - For quotation purposes, to indicate number of employees under various categories as below:

Employee Category	Coverage Type	No. Of Employees
Total		

II. Payment

All submission must be enclosed with the payment except for group size 51 and above or as specifically agreed by the company.

DECLARATION

We hereby apply for a Group Hospitalization and Surgical Plan and declare that to the best of our knowledge and belief the information given herein is true and complete. We agree that if a contract of insurance is effected, all information submitted in connection with this Application shall be the basis of such contract between us and the insurer.

Signature of Authorized Officer : _____

Date : _____

Name : _____

Company Stamp :

NOTE :

- This proposal form is a brief description only. The full details of the plan are to be found in the policy.
- Statement Pursuant to Section 149(4) of the Insurance Act 1996 - You are to disclose in this form fully and faithfully all facts you know or ought to know, otherwise the Policy issued hereunder may be void.
- Enrolment age up to 60 years next birthday and any child from 30 days to 19 (if unmarried) or 23 years next birthday (if unmarried & completing tertiary studies).
- Liability is not attached until the proposal has been accepted by the Insurer.
- Any changes in the information given must be reported to the Insurer immediately or else the Insurer will reserve the right to decline all liability.
- Please give a definite answer to each question, dashes are not sufficient. Any question not answered in this proposal will be taken as replied to in the negative.

BRANCHES / CAWANGAN-CAWANGAN:

Alor Setar Tel: 04-7339888 Fax: 04-7305888 Batu Pahat Tel: 07-4326333 Fax: 07-4323522 Butterworth Tel: 04-3973888 Fax: 04-3978279 Ipoh Tel: 05-2552846/48 Fax: 05-2413937 Johor Bahru Tel: 07-2383328 Fax: 07-2383731 Johor Jaya Tel: 07-3537233 Fax: 07-3570233 Kajang Tel: 03-87338118 Fax: 03-87343737 Kangar Tel: 04-9764226 Fax: 04-9768914 Kepong Tel: 03-62578301 Fax: 03-62578251 Klang Tel: 03-33428333 Fax: 03-33449775 Kluang Tel: 07-7738000 Fax: 07-7722558 Kota Bharu Tel: 09-7481033 Fax: 09-7449633 Kota Kinabalu Tel: 088-232200 Fax: 088-232204 Kuala Terengganu Tel: 09-6246561 Fax: 09-6246531 Kuala Lumpur Tel: 03-26989333 Fax: 03-26989933 Kuantan Tel: 09-5664527 Fax: 09-5661164 Kuching Tel: 082-247288 Fax: 082-250611 Melaka Tel: 06-2830928 Fax: 06-2822707 Miri Tel: 085-420102 Fax: 085-420924 Penang Tel: 04-2284473 Fax: 04-2284478 Segamat Tel: 07-9321299 Fax: 07-9328551 Selangor Tel: 03-21481500 Fax: 03-21421446 Seremban Tel: 06-7670333 Fax: 06-7672487 Sibul Tel: 084-348333 Fax: 084-317766 Sitiawan Tel: 05-6919333 Fax: 05-6911333 Sungai Petani Tel: 04-4428333 Fax: 04-4428212 Taiping Tel: 05-8086333 Fax: 05-8083223 Tawau Tel: 089-762633 Fax: 089-762533 Temerloh Tel: 09-2960933 Fax: 09-2966933