

# APPLICATION FORM

### A General Questions

Proposed Insured's Name:

[illegible]

Birth Date:      /      /

Gender: ☐ Male ☐ Female

Address:

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

ID Number: Social Security Number:

Status: ☐ Single ☐ Married ☐ Divorced ☐ Others

Occupation: \_\_\_\_\_ Are you a retiree? ☐ Yes ☐ No

### B. Type of Health Coverage

Employee: ☐ Yes ☐ No  
Plan Choice:

Spouse: ☐ Yes ☐ No  
Plan Choice:

Children: ☐ Yes ☐ No  
Plan Choice:

Complete If Spouse/Children are Proposed for Insurance:

Name	SSN No.	Relationship to proposed insured	Birth Date	Age	Sex

### C. The Policy

Units \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Monthly PAT (complete PAT card)

Cash with Application: 5

Planned modal premium: \$ \_\_\_\_\_

### Terms & Conditions

Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signatures:

Date: \_\_\_\_\_

# Sahms Applications Forms For 2016

**Camilla Rothe**



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