

HEAD OFFICE : Menara Kurnia, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
IBU PEJABAT P.O.Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan.
Tel: 603-7875 3333 Fax: 603-7875 9933 E-mail: corporate@kurnia.com Website: www.kurnia.com.my

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.

AMOUNT

NO. OF CLAIMS / CASES

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

5. GENERAL GUIDELINES		
I. Employee Group Size		
a. 20 and below	- Personal Health Declaration and Enrolment Form	
b. 21 to 50	- Personal Health Declaration (for employee above 40 years old) and Enrolment Form	
c. 51 and above	- For quotation purposes, to indicate number of employees under various categories as below:	
Employee Category	Coverage Type	No. Of Employees
Total		

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

Employee Category	Coverage Type	No. Of Employees
Total		

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

DECLARATION			
<p>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.</p>			
Signature of Authorized Officer	:	_____	Date : _____
Name	:	_____	Company Stamp :

Signature of Authorized Officer : _____ Date : _____

Name : _____ Company Stamp : _____

VERIFICATION ON AUTHENTICITY OF IDENTITY	
(For Use by Insurance Staff or Intermediary only)	
In compliance with section 16(2) of Anti-Money Laundering Act 2001, I hereby confirm the following:	
[]	Original identity document sighted
[]	Photocopy of identity document attached for Individuals with annual premium exceeding RM50,000
[]	Photocopy of Business Registration Certificate for Company with annual premium exceeding RM100,000
Name of Staff or Intermediary	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
New IC No.	Date
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	

1. This proposal form is for a brief description only. The full details of the plan are to be found in the policy.
2. 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.
3. 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).
4. Liability is not attached until the proposal has been accepted by the Insurer.
5. 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.
6. 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.

Alor Setar (Tel : 04-7339888 (Fax) : 04-7305888) **Batu Pahat** (Tel) : 07-4326333 (Fax) : 07-4323522 **Butterworth** (Tel) : 04-3973888 (Fax) : 04-3978279 **Ipo** (Tel) : 05-2552846 (Fax) : 05-2413937
Johor Bahru (Tel) : 07-2383328 (Fax) : 07-2383731 **Johor Jaya** (Tel) : 07-3537233 (Fax) : 07-3570203 **Kajang** (Tel) : 03-87338118 (Fax) : 03-87343737 **Kangar** (Tel) : 05-7664226 (Fax) : 04-7689814
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 Lumpur** (Tel) : 03-26989933 (Fax) : 03-26989933 **Kuala Terengganu** (Tel) : 09-6246561 (Fax) : 09-6246531 **Kuching** (Tel) : 082-247288 (Fax) : 082-250611 **Kuantan** (Tel) : 09-5664527 (Fax) : 09-5664525 **Labuan** (Tel) : 09-5661164 **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 **Sibu** (Tel) : 084-348333 (Fax) : 084-3417766 **Sitiawan** (Tel) : 05-6919333 (Fax) : 05-6911333 **Sungai Petani** (Tel) : 04-4428333 (Fax) : 04-4428212 **Taiping** (Tel) : 05-8086333 (Fax) : 05-8083223 **Tawau** (Tel) : 089-7662333 (Fax) : 089-762533