

**HomeCALL MIGRATION FORM**

**Clients Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 Contact/WhatsApp No. \_\_\_\_\_  
 E-mail \_\_\_\_\_



The Head, Technical Operations.  
 Starlife Assurance Co.Ltd.  
 P.O.Box AN 5783  
 Accra-North

**REQUEST FOR MIGRATION**

I \_\_\_\_\_ holder of HomeCall policy number \_\_\_\_\_  
 do hereby migrate to;

**PEP STATUS:**  
 a. Are you a politically exposed Person? Yes  No   
 b. is any family member or known close associate a PEP? Yes  No

**Esteem Homecall Plus**

Cover option type and Sum Assured (*please tick*)

Basic <input type="checkbox"/>	Standard <input type="checkbox"/>	Prestige <input type="checkbox"/>	Elite <input type="checkbox"/>	Ultimate <input type="checkbox"/>
2,500	5,000	10,000	15,000	30,000

**Cover Details (New members)**

Assureds	Name	Date of birth	premium
Principal Assured			
Spouse			
1 <sup>st</sup> Child			
2 <sup>nd</sup> Child			
3 <sup>rd</sup> Child			
4 <sup>th</sup> Child			
Mother			
Father			
Mother-In-Law			
Father-In-Law			
1 extended family member			

**Total Premium** \_\_\_\_\_ Do you wish to have Benefit increase option? Yes  No

If yes, tick preferred option	Annual Premium Increase	Annual Sum Assured Increase
Option 1 <input type="checkbox"/>	10%	6%
Option 2 <input type="checkbox"/>	15%	9%
Option 3 <input type="checkbox"/>	20%	12%

**Medical History**

- Are you or any of the proposed life Assured presently in good health? Yes  No
- Have you or any of the proposed life Assured ever been diagnosed with any medical condition or illness  
 Yes  No  (If yes, state condition or illness \_\_\_\_\_)
- Are you or any of the proposed life Assured on any medication? Yes  No   
 If yes, type of medication or dosage \_\_\_\_\_
- Have you or any of the proposed life Assured undergone any surgical operation or procedure?  
 If yes, type of surgical operation or procedure \_\_\_\_\_

**HEMICAL MIGRATION FORM**

**Clients Address**

\_\_\_\_\_

Contact/WhatsApp No \_\_\_\_\_  
E-mail \_\_\_\_\_



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Accra-North

**REQUEST FOR MIGRATION**

I \_\_\_\_\_ holder of HomeCall policy number \_\_\_\_\_  
do hereby migrate to **Supreme Homecall**

Total Premium (GH¢)

**Please note:**

**By agreeing to migrate your HomeCall policy onto a new version, the calculation of any future cashback on your old HomeCall policy is terminated. However, any cashback due you before the migration process will be paid if no claim has been made.**

Clients Signature: \_\_\_\_\_ Date:

Name of SE/DSO:  Agency Number:

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

Name of SM/RM:  or Number:

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

Name of Branch Manager:

<i>For Official Use Only</i>	Approved by: <input type="text"/>
	Signature: _____ Date: <input type="text"/>