



MANDATE NO.: \_\_\_\_\_ ( CAGD only)

SALES ACTIVATION CODE.: \_\_\_\_\_

**StarLife SUPREME HOMECALL PLAN  
APPLICATION FORM**

**NB. EVERY QUESTION MUST BE ANSWERED. PLEASE COMPLETE THIS FORM IN BLOCK LETTERS  
(ALL NAMES SHOULD BE IN FULL. INITIALS ARE NOT ACCEPTABLE)**

|   |  |  |   |
|---|--|--|---|
| <b>[A] PERSONAL DETAILS</b>   |  | <b>[B] EMPLOYER DETAILS</b>  |   |
| Surname: <input style="width:90%" type="text"/>   |  | Occupation: <input style="width:90%" type="text"/>                               |   |
| Middle Name(s): <input style="width:90%" type="text"/>  |  | Name of Employer & Work Place Address:<br><input style="width:90%" type="text"/> |   |
| First Name: <input style="width:90%" type="text"/>  |  | <input style="width:90%" type="text"/>   |   |
| Date of Birth: <input style="width:20%" type="text"/> Nationality: <input style="width:20%" type="text"/> |  | <input style="width:90%" type="text"/>   |   |
| (*if non-Ghanaian provide passport and residence permit issued by the Ghana Immigration Service)          |  |  |   |
| Gender (please tick):   | Male <input type="checkbox"/>          | Female <input type="checkbox"/>  | Telephone: <input style="width:90%" type="text"/> |
| If Female, are you Pregnant?  | Yes <input type="checkbox"/>           | No <input type="checkbox"/>  | Facsimile: <input style="width:90%" type="text"/> |
| If yes, for how long:   | <input style="width:90%" type="text"/> |  |   |
| Marital Status:   | Single <input type="checkbox"/>        | Married <input type="checkbox"/>   | E-mail: <input style="width:90%" type="text"/>    |
|   | Divorced <input type="checkbox"/>      | Divorced <input type="checkbox"/>  |   |
| <b>PEP STATUS:</b>  |  |  |   |
| a. Are you a politically exposed Person?  | Yes <input type="checkbox"/>           | No <input type="checkbox"/>  |   |
| b. Is any family member or known close associate a PEP?   | Yes <input type="checkbox"/>           | No <input type="checkbox"/>  |   |
| Permanent Postal Address: <input style="width:90%" type="text"/>  |  |  |   |
| <input style="width:90%" type="text"/>  |  |  |   |
| Residential Address: <input style="width:90%" type="text"/>   |  |  |   |
| <input style="width:90%" type="text"/>  |  |  |   |
| Mobile: <input style="width:15%" type="text"/>  | WhatsApp <input type="checkbox"/>      | Mobile Money no. <input type="checkbox"/>  |   |
| E-Mail: <input style="width:90%" type="text"/>  |  |  |   |
| ID Type:  | Passport <input type="checkbox"/>      | Voters' <input type="checkbox"/>   | Drivers' <input type="checkbox"/>                 |
|   | National ID <input type="checkbox"/>   | NHIS <input type="checkbox"/>  |   |
| ID type provided must be valid (not expired)  |  |  |   |
| ID Number: <input style="width:90%" type="text"/>   |  |  |   |
| Date of Issue: <input style="width:15%" type="text"/>   |  | Date of Expiry: <input style="width:15%" type="text"/>                           |   |

**[C] PAYMENT DETAILS**

**Payment Mode:**

|   |  |
|---|--|
| i. CAGD <input type="checkbox"/>          | ii. Corporate <input type="checkbox"/>   |
| iii. Debit Order <input type="checkbox"/> | iv. Cash/Cheque <input type="checkbox"/> |
| v. Mobile Money <input type="checkbox"/>  | 024 528 7497                             |

Staff ID No.:

State Bank & Branch

Bank A/C No.:

**Payment Frequency:** Monthly  Semi-Annually   
Quarterly  Annually

**Source of Income:** Salary  Business  Other

If Business or Other, please specify nature of Business or Other  
source of income:

Currency Ghana Cedis

**[D] COVER DETAILS**

| <p><b>Policy Term (years):</b></p> <table border="0"> <tr><td>10</td><td><input type="checkbox"/></td></tr> <tr><td>15</td><td><input type="checkbox"/></td></tr> <tr><td>20</td><td><input type="checkbox"/></td></tr> <tr><td>25</td><td><input type="checkbox"/></td></tr> <tr><td>30</td><td><input type="checkbox"/></td></tr> </table> | 10                                  | <input type="checkbox"/> | 15     | <input type="checkbox"/>        | 20                                  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 30 | <input type="checkbox"/> | <p><b>Sum Assured GH¢ (Benefits Category)</b><br/>Please tick your preferred option:</p> <table border="0" style="width:100%"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%; text-align:center;">GH¢</th> <th style="width:30%;"></th> <th style="width:10%; text-align:center;">GH¢</th> </tr> </thead> <tbody> <tr> <td>Option 1</td><td style="text-align:center;">2,500</td><td>Option 6</td><td style="text-align:center;">20,000</td></tr> <tr> <td>Option 2</td><td style="text-align:center;">5,000</td><td>Option 7</td><td style="text-align:center;">25,000</td></tr> <tr> <td>Option 3</td><td style="text-align:center;">7,500</td><td>Option 8</td><td style="text-align:center;">30,000</td></tr> <tr> <td>Option 4</td><td style="text-align:center;">10,000</td><td>Option 9</td><td style="text-align:center;">40,000</td></tr> <tr> <td>Option 5</td><td style="text-align:center;">15,000</td><td>Option 10</td><td style="text-align:center;">50,000</td></tr> </tbody> </table> |  | GH¢ |  | GH¢ | Option 1 | 2,500 | Option 6 | 20,000 | Option 2 | 5,000 | Option 7 | 25,000 | Option 3 | 7,500 | Option 8 | 30,000 | Option 4 | 10,000 | Option 9 | 40,000 | Option 5 | 15,000 | Option 10 | 50,000 |
|--|-------------------------------------|--------------------------|--------|---------------------------------|-------------------------------------|--------------------------|----|--------------------------|----|--------------------------|---|--|-----|--|-----|----------|-------|----------|--------|----------|-------|----------|--------|----------|-------|----------|--------|----------|--------|----------|--------|----------|--------|-----------|--------|
| 10   | <input type="checkbox"/>            |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| 15   | <input type="checkbox"/>            |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| 20   | <input type="checkbox"/>            |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| 25   | <input type="checkbox"/>            |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| 30   | <input type="checkbox"/>            |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
|  | GH¢                                 |                          | GH¢    |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Option 1   | 2,500                               | Option 6                 | 20,000 |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Option 2   | 5,000                               | Option 7                 | 25,000 |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Option 3   | 7,500                               | Option 8                 | 30,000 |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Option 4   | 10,000                              | Option 9                 | 40,000 |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Option 5   | 15,000                              | Option 10                | 50,000 |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| <p><b>End of Term Benefit (please tick your preferred option)</b></p> <table border="0"> <tr> <td>Refund <input type="checkbox"/></td> <td>Free Cover <input type="checkbox"/></td> </tr> </table>   |                                     |                          |        | Refund <input type="checkbox"/> | Free Cover <input type="checkbox"/> |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |
| Refund <input type="checkbox"/>  | Free Cover <input type="checkbox"/> |                          |        |                                 |                                     |                          |    |                          |    |                          |   |  |     |  |     |          |       |          |        |          |       |          |        |          |       |          |        |          |        |          |        |          |        |           |        |

| Assureds  | Surname | Name | Date of Birth | Age | Premium |
|---|---------|------|---------------|-----|---------|
| Principal Assured ( <i>not above 64 years</i> )   |         |      |               |     |         |
| Spouse ( <i>not above 64 years</i> )  |         |      |               |     |         |
| 1 <sup>st</sup> Child ( <i>not above 23 years</i> )   |         |      |               |     |         |
| 2 <sup>nd</sup> Child ( <i>not above 23 years</i> )   |         |      |               |     |         |
| 3 <sup>rd</sup> Child ( <i>not above 23 years</i> )   |         |      |               |     |         |
| 4 <sup>th</sup> Child ( <i>not above 23 years</i> )   |         |      |               |     |         |
| Mother ( <i>not above 74 years</i> )  |         |      |               |     |         |
| Father ( <i>not above 74 years</i> )  |         |      |               |     |         |
| Mother-in- law ( <i>not above 74 years</i> )  |         |      |               |     |         |
| Father-in- law ( <i>not above 74 years</i> )  |         |      |               |     |         |
| Extended Family Member:<br>(Only 1 is allowed. Not above 74 years)<br>(Specify Relationship) <input type="text"/> |         |      |               |     |         |

If at the time of claim it is discovered that the assured was more than the age limit at the inception of the policy, the company would only refund premiums.

Basic Premium (GH¢): \_\_\_\_\_ Extra Premium (GH¢): \_\_\_\_\_ Total Premium (GH¢): \_\_\_\_\_

### Beneficiaries

| No. | Surname | First Name | Other Names | Date of Birth | Relationship | % | Contact No. |
|-----|---------|------------|-------------|---------------|--------------|---|-------------|
| 1.  |         |            |             |               |              |   |             |
| 2.  |         |            |             |               |              |   |             |
| 3.  |         |            |             |               |              |   |             |
| 4.  |         |            |             |               |              |   |             |
| 5.  |         |            |             |               |              |   |             |
| 6.  |         |            |             |               |              |   |             |
| 7.  |         |            |             |               |              |   |             |
| 8.  |         |            |             |               |              |   |             |
| 9.  |         |            |             |               |              |   |             |
| 10. |         |            |             |               |              |   |             |

### Trustee (where a beneficiary is below 18 years of age)

| Surname | First Name | Other Names | Date of Birth | Relationship | Address/Contact No. |
|---------|------------|-------------|---------------|--------------|---------------------|
|         |            |             |               |              |                     |

Do you wish to have the Benefits Increase option? Yes  No

If yes tick your preferred option

|          |                          |                         |                             |
|----------|--------------------------|-------------------------|-----------------------------|
| Option 1 | <input type="checkbox"/> | Annual Premium Increase | Annual Sum Assured Increase |
| Option 2 | <input type="checkbox"/> | 5%                      | 3%                          |
| Option 3 | <input type="checkbox"/> | 10%                     | 6%                          |
|          |                          | 15%                     | 9%                          |

### Optional Benefit for:

**Personal Accident (Cover ends at Age 60)**  
(Kindly denote [Y] or [N] in the preferred Option)

Personal Accident (Y/N)

|          |                                 |
|----------|---------------------------------|
|          | <b>GH¢ Annual Benefit</b>       |
| Option 1 | <input type="checkbox"/> 5,000  |
| Option 2 | <input type="checkbox"/> 10,000 |
| Option 3 | <input type="checkbox"/> 15,000 |
| Option 4 | <input type="checkbox"/> 20,000 |

**Hospitalisation Benefit (Cover ends at Age 60)**  
(Kindly denote [Y] or [N] in the preferred Option)

Hospitalisation Accident (Y/N)

|          |                                |
|----------|--------------------------------|
|          | <b>GH¢ Annual Benefit</b>      |
| Option 1 | <input type="checkbox"/> 1,400 |
| Option 2 | <input type="checkbox"/> 2,500 |
| Option 3 | <input type="checkbox"/> 3,600 |
| Option 4 | <input type="checkbox"/> 5,000 |

**[E] STATEMENT OF HEALTH (please tick yes or no)**

1. Do you or any of the Proposed Life Assured suffer any disease, disorder, paralysis or health impairment? Yes  No
2. During the past 12 months did any Proposed Life Assured suffer from any of the following?
- i. Respiratory or lung disorder (e.g Persistent tuberculosis, spitting of blood, recurrent lung infection, difficulty in breathing) Yes  No
- ii. A disease or disorder of the bladder or reproductive organs (e.g. Blood or albumin in the urine, chronic discharge, difficulty in passing urine, venereal diseases) Yes  No
3. Is any Proposed Life Assured at present receiving or has he/she during the past 12 months received any medication or treatment for longer than two weeks continuously? Yes  No
4. Did any Proposed Life Assured consult any medical doctor or other persons providing healing services (e.g. Herbalist, traditional healer) during the past 3 months? Yes  No
5. Has any Proposed Life Assured been informed that he/she has been infected with HIV or is suffering from it? Yes  No
6. Do you or any of the Proposed Life Assured have any sickle cell condition? Yes  No

**If the answer to any of the above is YES, please provide details below.**

| Name | Question No. | Full Details |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |

**[F] HOW DID YOU GET TO KNOW STARLIFE?**

Advertisement  Website  Referral  Agent  Broker  Others

If Others, Kindly specify

**[F] DECLARATION**

Declaration by Applicant

I \_\_\_\_\_ declare that every statement in response to questions asked in this application is true and correct to the best of my knowledge. I agree that this application shall serve as the basis and form part of the contract. All the questions have been explained to me in the language that I understand and I have been made to understand that this contract shall become operative until all of the following conditions have been met:

1. This application has been approved by StarLife Assurance Company Limited.
2. The appropriate premium has been paid.
4. I satisfy all the conditions precedent to the policy especially those pertaining to my health and that of all the proposed lives assured.
5. All the persons proposed for cover are alive and in good health.

|                                      |   |   |                                      |
|--------------------------------------|---|---|--------------------------------------|
| _____<br><i>Proposer's Signature</i> | _____<br><i>Date</i>                      | _____<br><i>Branch Manager's Name</i>       | _____<br><i>Zonal Manager's Name</i> |
| _____<br><i>Sales Executive's ID</i> | _____<br><i>Sales Executive's Name</i>    | _____<br><i>Sales Executive's Signature</i> | _____<br><i>Date</i>                 |
| _____<br><i>Sales Managers Name</i>  | _____<br><i>Sales Manager's Signature</i> | _____<br><i>Date</i>                        |                                      |

|                              |                      |                    |
|------------------------------|----------------------|--------------------|
| <b>FOR OFFICIAL USE ONLY</b> | Policy Number: _____ | Approved By: _____ |
|                              | Issue Date: _____    | Signature: _____   |
|                              | Issue Age: _____     | Date: _____        |