



## 2. MEMBERS TO BE COVERED (ALL DEPENDANTS MUST BE INSURED)

Surname	First name and other initial(s)	Occupation	Relationship to you (spouse/ son/ daughter/ child in custody/ living-in-partner)	Date of Birth	Weight (Kgs)	Height (cms)
1	ID No./Passport No.:					
	Cover/Parts Selected					
2	ID No./Passport No.:					
	Cover/Parts Selected					
3	ID No./Passport No.:					
	Cover/Parts Selected					
4	ID No./Passport No.:					
	Cover/Parts Selected					
5	ID No./Passport No.:					
	Cover/Parts Selected					

## 3. IMPORTANT NOTES & CHECKLIST

- Completion and/or submission of a proposal form neither does entail the company automatically accepting the proposal NOR is that cover triggered as from the date of submission of this proposal form.
- Our company will forward confirmation of acceptance/cover by our underwriting section within a delay of fourteen days as from the date of receipt of such proposal.
  - In case there is any alteration in your health condition from time the proposal form is submitted to our company and the acceptance thereof by our underwriting section, you should immediately inform the company accordingly.
  - Any withholding, concealment or wilful non-disclosure of any material fact shall deem your cover void ab *initio*.

## DOCUMENTS REQUIRED FOR REGISTRATION OF NEW ENTRANTS

Who does it apply to	Document(s) Required
Principal Member and dependants	· Fully completed and signed Proposal Form
<b>Documents below required when application date does not coincide with the Date of Entry of the Principal Member</b>	
Your Spouse	· Copy of Marriage Certificate/ Copy of National Identity Card
Your Living-in partner	· Copy of National Identity Card/ Copy of Proof of Address
Your or your spouse or living-in partner's son/daughter, adopted son/daughter or child placed in custody	· Copy of Birth Certificate
Child dependant due to disability	· Medical Report as proof of disability
Child dependent student over the age of 21 but below 25 (inclusive)	· Written proof of registration as a full-time student at a recognised educational institution (student cards do not qualify)

## DOCUMENTS REQUIRED FOR REGISTRATION FOR CONTINUATION OF COVER

**(i.e. Previously insured with another insurance company)**

Who does it apply to	Document(s) Required
Principal Member and dependants	<ul style="list-style-type: none"> <li>· Fully completed, signed and dated Proposal form</li> <li>· Certificate of Insurance (including any applicable limitation/ Exclusion for all members to be insured)</li> <li>· Previous Claims History of all members to be insured.</li> </ul>

## 4. EXISTING/PREVIOUS INSURANCE DETAILS (IF APPLICABLE)

**YES NO**

**Have you (or any of your dependants) ever been insured in the past before making this Proposal?**

If YES, please give details of previous health insurance below.

Since when were you (and/or any of your dependants) continuously insured?	DD		MM		YYY			
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Name of Previous Insurer	Period of Insurance		Previous Sum Insured details		
	From	To	Inpatient	Catastrophe	Outpatient

**NOTE:** THE UNDERWRITING OF THIS PROPOSAL WILL NOT BE COMPLETE IF THE SUPPORTING DOCUMENTS REQUIRED UNDER SECTION 3 ABOVE HAVE NOT BEEN PROVIDED. KINDLY ENSURE THAT ALL THE REQUIRED SUPPORTING DOCUMENTS ARE SUBMITTED TO US FOR FULL MEDICAL UNDERWRITING.

## PART A: HEALTH STATEMENT (PLEASE COMPLETE IN BLOCK LETTERS)

INFORMATION MUST BE SUPPLIED IN RESPECT OF ALL THE QUESTIONS BELOW. PLEASE INDICATE YOUR ANSWERS WITH AN 'X' IN THE APPROPRIATE BLOCK AND PROVIDE FULL DETAILS. ALL QUESTIONS IN THE SECTION MUST BE COMPLETED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.

MEDICAL PRACTITIONER'S NAME(S): (Doctor(s) who know you best)	
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**HAVE YOU (OR ANY OF YOUR DEPENDANTS) EVER BEEN DIAGNOSED WITH OR RECEIVED TREATMENT OR ADVICE, OR RECEIVING TREATMENT FOR ANY CONDITION OR ILLNESS RELATING TO ONE OF THE FOLLOWING CATEGORIES LISTED? INDICATE SPECIFIC CONDITION BY UNDERSCORING THE SPECIFIC CONDITION.**

**IN YOUR ANSWERS, PLEASE INCLUDE MEMBER NAME, SYMPTOMS/CONDITIONS/DIAGNOSIS, DATE OF ONSET, FREQUENCY AND SEVERITY OF SYMPTOMS, DATE OF LAST SYMPTOMS, DETAILS OF ANY PAST OR CURRENT MEDICATION OR TREATMENT AND CURRENT HEALTH STATUS (E.G. FULL RECOVERY/ON-GOING).**

## SECTION A – MEDICAL CONDITION

Qn.	MEDICAL CONDITION	ANSWER		DETAILS
A1	Heart, blood vessels &/or circulatory system e.g. cardiac murmurs, high blood pressure, chest pain, tightness of chest, shortness of breath, cramps or calf pains during exercise, palpitations, cardiac irregularities, coronary artery, thrombosis, valve defects, stroke, high cholesterol, varicose veins, oedema, swelling of the legs or leg ulcers, stress ECG, angiography and any other related illness/condition.	YES	NO	
A2	Blood disorders e.g. leukaemia, anaemia, clotting or coagulation disorders, platelets problems and any other related illness/condition.	YES	NO	
A3	Diabetes, sugar in urine, thyroid or other endocrine or glandular or endocrine disorders and any other related illness/condition.	YES	NO	
A4	Cancer, growth or tumor of any kind e.g. breast cancer, testicular tumours, skin cancers, breast cysts, swellings or lumps and any other related illness/condition.	YES	NO	
A5	Lungs &/or Respiratory system e.g. asthma, tuberculosis, chronic bronchitis, pneumonia, persistent cough, coughing up blood, emphysema/COPD or broncho-spasm, pneumothorax and any other related illness/condition.	YES	NO	
A6	Liver &/or Digestive system e.g. ulcers of the stomach or duodenum, acid reflux, chronic indigestion, heartburn, hiatus hernia, jaundice, liver disease, hepatitis, piles, haemorrhoids, bleeding from the rectum, ulcerative colitis, gall stones, persistent abdominal pain, any hernia, loss of weight (not due to diet), persistent diarrhoea or persistent constipation, pancreatic problems, colonic polyps, gastroscopy and any other related illness/condition.	YES	NO	
A7	Kidneys &/or Bladder conditions e.g. kidney stones, recurrent urinary infections, blood or protein in the urine, difficulty in passing urine, prostatitis, prostatic hypertrophy or any other urological condition or related illness/condition.	YES	NO	
A8	Sexually Transmitted Disease e.g. chlamydia, gonorrhoea, syphilis, HPV, trichomonias, genital herpes, HIV and any other related illness/condition.	YES	NO	
A9	Reproductive System conditions (Male & Female) e.g. fertility difficulties/treatment, undescended testis, prostatitis, ovarian cysts, hysterectomy, abnormal cervical smear and any condition of the cervix or uterus, endometriosis and/or and any other related illness/condition.	YES	NO	

Qn.	MEDICAL CONDITION	ANSWER		DETAILS
A10	Nervous system e.g. Schizophrenia, mental illness, depression, anorexia, anxiety or stress related disorders, nervous tension, psychological disturbances, frequent headaches, migraine, fits, fainting, blackouts, multiple sclerosis, epilepsy, paralysis, brain, impairment, Alzheimer and any other related illness/condition.	YES	NO	
A11	Dental system e.g. poor closure of the jaws, implants, misaligned teeth, orthodontic treatment, periodontal or maxillo-facial surgery and any other related illness/condition.	YES	NO	
A12	Ear nose &/or throat e.g. hearing impairment, recurrent ear infections, balance disturbance, tinnitus, vocal problems, impaired speech, allergies and/or chronic rhinitis/sinusitis and any other related illness/condition.	YES	NO	
A13	Eye e.g. defective sight, cataracts, glaucoma, retinitis pigmentosa and other retinal problems, strabismus, squints, corneal defects and any other related illness/condition.	YES	NO	
A14	Skeleton, vertebral column, joints, muscles and/or skin disorders e.g back pain, displacement of the vertebrae or discs, any other back or neck trouble or operations, arthritis or arthritic pain, chronic gout, rheumatism, psoriasis, eczema and any other related illness/condition.	YES	NO	
A15	Tropical diseases e.g. malaria, typhoid fever, yellow fever, Ebola, cholera, rotavirus and any other related illness/condition.	YES	NO	

## SECTION B – CURRENT HEALTH STATUS

Qn.	CURRENT HEALTH STATUS	ANSWER		DETAILS
B1	Have you (or any of your dependants) ever been treated or admitted as an inpatient in a clinic/hospital, or within the last five years undergone procedures, scans, or diagnostic tests whether as an inpatient or outpatient? If YES, kindly provide full details.	YES	NO	
B2	Are you (or any of your dependants) receiving any treatment or currently taking prescribed medication? If 'Yes', which ones?	YES	NO	
B3	Are you (or any of your dependants) currently pregnant?	YES	NO	
B4	Is there a known or foreseeable need for you (or any of your dependants) to receive any medical, dentistry, optometric or surgical care?	YES	NO	
B5	The above questions are not all inclusive. Should you (or any of your dependants) have any condition, illness, disease or operation suffered in the previous years that is not covered by these questions, you must provide us with such information.	YES	NO	

## SECTION C – LIFESTYLE, DIET & OTHERS

Qn.	LIFESTYLE, DIET AND OTHERS	ANSWER	
C1	Are you a smoker? (If YES, please state below how many cigarettes per week)  ----- (If ex-smoker please state when you stopped)	YES	NO
C2	Do you consume alcohol? (If YES, please state approximately how many units per day/week)  ----- Note: 1 unit = 30ml of Whiskey/100ml of wine/250ml of beer.	YES	NO
C3	Do you exercise? How many hours per week? What sport do you practice? E.g.: Football - 2 times per week.	YES	NO
C4	Has any application by you (or any of your dependants) for life, medical or disability ever been declined, postponed, withdrawn, or accepted with special terms, or at special premium? If 'Yes' please give further details and state to whom it relates:	YES	NO

## 5. PRIVACY NOTICE AND DATA PROTECTION

1. The Insurer shall strictly comply with all privacy and data protection conditions in accordance with the Data Protection Act 2017.
2. In becoming the main applicant, you have sought and agreed to act on behalf of yourself and your dependants included on this Proposal Form. As such all membership documents we have dealt with will be sent to you and/or your Company Representative.
3. This is an overview of how SWAN collects and uses your information.

## Your Personal Information

- SWAN will use your information with your consent where it is necessary to enter into a contract or according to the law.
- While the personal information we collect may come directly from you, it may also be provided by SWAN's affiliates or other third parties (such as employers, insurance companies, insurance brokers or agents, credit organisations, motor vehicle and driver licensing authorities, financial institutions, medical professionals, etc.).
- Where data are not collected directly from you, the person acting on your behalf should provide a consent letter and your ID card.
- If you provide personal information about other individuals (such as employees, dependents, etc.), you must obtain their consent prior to your disclosure to SWAN.

## Change of Purpose

- SWAN will only use your personal data for the purposes for which it collected it, except SWAN reasonably considers that it needs to use it for another reason and that reason is suitable with the original purpose.

## Why does SWAN collect information about you or (any of your dependants)?

- SWAN collects personal information to carry out and provide its services and products to you. For instance, underwriting of insurance products, claims, investment services.

## Period for which your information can be kept

- As provided by the law, SWAN will store your personal data for a period of 7 years after the end of your contract with us.

## More Information

For more details about anything covered in this overview, please see our full privacy notice which you can view or download a copy by visiting SWAN's website at [www.swanforlife.com](http://www.swanforlife.com). If you prefer a paper copy, please contact SWAN's Data Protection Officer who will send you one by post.

We will not share or sell your data for marketing purposes with third parties; however, we would like to keep you informed by telephone, post or e-mail of selected products, services and special offers available from us and selected partners. Please tick here if you prefer us not to do so.

**Consent:** I understand that by completing this Proposal I give explicit consent, within the terms of the Data Protection Act 2017 on behalf of myself and listed dependants for SWAN General Ltd to process our personal information with respect to our membership.

## How does SWAN use your personal information?

- To determine eligibility and process applications for products and services.
- For administration purposes, payments etc.
- For contractual obligations.

## Does SWAN transfer your personal information to other countries?

- SWAN may transfer certain personal information across geographical borders to SWAN entities or service providers in other countries working on its behalf in accordance with applicable law.

## To whom does SWAN disclose your personal information

- To business partners like credit and fraud reporting agencies, reinsurers, medical service providers, our advisers such as loss adjusters, lawyers and accountants and others involved in the claims handling process.
- To authorised service providers who perform services on our behalf.
- To legal requirements and business transfers where SWAN may disclose your information for legal purposes, in response to law enforcement authority or other government official requests, when there are investigations on activities related to suspicious transactions among others.

## What security measures SWAN have to protect your information?

- SWAN has implemented reasonable physical, technical and administrative security standards to protect personal information from loss, misuse, alteration or destruction.

## Right to lodge a complaint

- You can lodge a complaint to the Data Protection Officer if you have any.

## What are your legal rights?

- You can receive a copy of all your personal information we hold about you free of charge and to check that we are lawfully processing it. However, we may charge a reasonable fee if your request is clearly unfounded, repetitive or excessive.
- You can rectify any incomplete or inaccurate data we hold about you corrected, though we may need to verify the accuracy of the new data you provide to us by a supplementary statement.
- You can ask us to delete or remove personal data where it is no good reason for us continuing to process it.
- You can withdraw consent at any time provided it does not affect the performance of the contract.
- You can request from the controller to restrict, rectify or erase your personal data concerning the data subject or to object to the processing provided it does not affect the performance of the contract.

## Does SWAN collect information from children?

- Children have the same rights as adults over their personal data. They can exercise their own rights as long as they are competent to do so. Where a child is not considered to be competent, an adult with parental responsibility may exercise the child's data protection rights on their behalf. For children under 16, SWAN needs to get consent from whoever holds parental responsibility for them.

## Contact Us:

Controller:  
Data Protection Officer  
Swan General Ltd  
Swan Centre, 10 Intendance Street  
Port Louis  
E [dataprotection@swanforlife.com](mailto:dataprotection@swanforlife.com)

## PART B: DECLARATION

I, the undersigned, hereby declare that:

The Insurer and its agents may as and when required do the following in respect of me (and my dependants):

- a) Request and receive any medical and medically related information that is relevant to consider this application and any claim-related benefits for me (and any of my dependants) for whom this application is accepted. Such information may be obtained from any healthcare provider or healthcare facility.
- b) Communicate any medical and medically related information from any healthcare provider or healthcare facility to the Insurer's new contracted healthcare management company. The purpose of this exchange is to ensure that the most cost-effective and high quality medical care is obtained for all members of the Insurer.

I further acknowledge that, the Insurer or its agents may as and when required, and without notice to me, do the following in respect of me (and any of my dependants):

- i) Conduct investigations into any claim submitted by me or on behalf of my dependants;
- ii) Conduct medical investigations of any kind and at any time, into my (or my dependants) medical history and/or obtain information regarding current medical condition, including but not limited to, obtaining copies of my (or my dependants) medical records, my (or their) medical history and results of any medical tests and examinations;
- iii) Instruct me or my dependants to undergo any medical testing examinations as are deemed by the Insurer or its agents to be a necessary part of investigations;
- iv) Access any/all results of such test and examinations carried out at the instance of the Insurer or its agents without my consent;
- v) Request that I furnish to them copies of all my or my dependants medical records and any information regarding my or their medical history as well as any results of medical tests and examinations, immediately upon request thereof.

By my signature below, I expressly authorise the Insurer to do all things necessary to carry out the above mentioned investigations.

I, ..... (full name of Principal Member), do hereby declare that all the statements and answers given in all pages, are true and correct and that I have not withheld or concealed any information that might influence the acceptance of this proposal.

I, further agree that this proposal and declaration shall be the basis of the contract between Swan General Ltd and myself, and I agree to accept a Policy in the company's usual form for this class of Insurance.

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Signature of Principal Member

Date