

# MEDICAL INSURANCE APPLICATION FORM

Are you from the below list of country? Please circle if YES.

IRAN/SYRIA/NORTH KOREA/CUBA/UKRAINE/RUSSIA/VENEZUELA/ISRAEL/BELARUS/MYANMAR

## Health Declaration

- 1) Have you suffered from or received medical counselling or treatment for any critical illness? YES      NO  
If yes, \_\_\_\_\_  
\_\_\_\_\_
- 2) Have you suffered : YES      NO  
a) any health problem, admission to hospital?  
If yes, \_\_\_\_\_  
\_\_\_\_\_
- b) from any physical defects, hereditary disease, infirmity or congenital condition? YES      NO  
If yes, \_\_\_\_\_  
\_\_\_\_\_
- c) currently on medication or treatment or symptoms which may indicate a medical disorder or poor health? YES      NO  
If yes, \_\_\_\_\_  
\_\_\_\_\_

## PERSONAL DETAILS

\* Please write in CAPITAL LETTER.

MR       MRS       MS

STUDENT NAME \_\_\_\_\_

PASSPORT NO \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
(DD/MM/YYYY)

GENDER                      MALE       FEMALE

H/PHONE NO \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NATIONALITY \_\_\_\_\_

INSURANCE PLAN  
AGE 1 - 56              Plan 1 (RM500)   
                                 Plan 2 (RM570)

## Declaration

I agree that this proposal form shall form the basic of the contract of insurance. I understand LIBERTY Insurance **DO NOT COVER OUTPATIENT TREATMENT.**

All insured member subject to **pre-existing condition exclusion, waiting period of 30 days & Specific illness of 120days**

**\*\*Please refer page behind for clauses**

Applicant's Signature

Date \_\_\_\_\_

**\*\*RM50 administration and processing fee will be charge for any policy cancellation**

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