



GROUP FINANCIAL WELLNESS ASSURANCE FORM

FAMILY +1

FAMILY +2

FAMILY +3

FAMILY +4

MEMBER DETAILS

Name of Member:			Staff Number:
Start Date: D D M M Y Y Y Y	Date of Birth: D D M M Y Y Y Y	ID Number:	
Phone Number(s):			

DETAILS OF DEPENDANTS

Name of Spouse:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Child:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Child:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Child:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Child:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Parents/Parents-in-law:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Parents/Parents-in-law:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Parents/Parents-in-law:	Date of Birth: D D M M Y Y Y Y	Relationship:
Name of Parents/Parents-in-law:	Date of Birth: D D M M Y Y Y Y	Relationship:

BENEFICIARIES

Name of Beneficiary:	Date of Birth: D D M M Y Y Y Y	Relationship:	Share (%):
Name of Beneficiary:	Date of Birth: D D M M Y Y Y Y	Relationship:	Share (%):

TRUSTEE:

Name of Spouse:	Date of Birth: D D M M Y Y Y Y	Relationship:
(Benefit) Cover Amount:	Premium Payable:	
Signature/RTP:	Date of Birth: D D M M Y Y Y Y	

I warrant that the information in this application and all documents submitted to Metropolitan Life Insurance Ghana Limited (herein referred to as Metropolitan Life) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis o the proposed contract.

Are you and any of your proposed family members currently in good health, free from any illness or disease and not undergoing any medical treatment or surgery? YES NO
If NO, please provide details

COMMENTS - OFFICIAL USE ONLY



+233 (0) 302 633 933