Friends Provident International
فريندز بروفيدنت انترناشيونال

Application Form

Addendum

Please complete the following questions to the best of your knowledge. Failure to give accurate and complete answers may result in non-payment of a claim.

Life assured name

Life assured date of birth (dd/mm/yyyy)

Health questions

Please tick appropriate response for each of the following questions

1. Have you ever had a positive COVID-19 antigen test? If yes, when was this and did you require: ☐ Yes ☐ No
   - Hospitalisation?
   - Treatment in intensive care or high dependency unit?
   - Support of a ventilator?

   If Yes, please provide full details

2. In the last 30 days, have you experienced or are you currently suffering from any symptoms (fever, sore throat, fatigue, shortness of breath, nasal congestion, gastrointestinal symptoms such as nausea, vomiting and/or diarrhoea) of COVID-19? ☐ Yes ☐ No

   If Yes, please provide full details

3. In the last 15 days, have you had any contact with someone confirmed as being COVID-19 positive? ☐ Yes ☐ No

   If Yes, please provide full details

4. Have you ever been advised to self-quarantine or stay at home (excluding as part of altered employment arrangements)? If so, why and when? ☐ Yes ☐ No

   If Yes, please provide full details

5. In the past 30 days, have you travelled outside of your country of residence? ☐ Yes ☐ No

   Country

   City

   Dates (dd/mm/yyyy) From:

   To:

Health questions (continued)

Country | City

Dates (dd/mm/yyyy) From: To:

Country | City

Dates (dd/mm/yyyy) From: To:

6. In the next three months, do you have a definite intention (e.g. flight booked) to travel outside of your country of residence? * ☐ Yes ☐ No

Country | City

Dates (dd/mm/yyyy) From: To:

Country | City

Dates (dd/mm/yyyy) From: To:

Country | City

Dates (dd/mm/yyyy) From: To:

7. Have you received the COVID-19 vaccination? If YES, which vaccine have you had and how many doses? ☐ Yes ☐ No
NB: Please provide a copy of your vaccination certificate.

If Yes, please provide full details

*** Please note that if you have travelled in the last 30 days, we may need to see a copy of the negative PCR test done on your return to your country of residence.**

Data Protection

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit www.fpinternational.com/legal/privacy-and-cookies to view the full policy or this can be provided on request from our Data Protection Officer.

Declaration

I hereby declare that the foregoing statements and answers are true and that no fact has been withheld. I agree that they shall constitute part of my application for life insurance. I understand and accept that failure to disclose a fact or the giving of false information may invalidate the contract.

I understand that if there is any change in my health or circumstances before Friends Provident International starts the policy, I MUST let you know immediately.

Please ensure you sign/date the form.

Signature

Name of Life Assured

Date (dd/mm/yyyy)

I give explicit consent to capture and process my medical/lifestyle data.