



## Prudential Assurance Uganda Limited

9th Floor, Zebra Plaza, Plot 23 Kampala Road

P.O. Box 2660, Kampala, Uganda

Tel: +256414343897/909, Email: [info@prudential.ug](mailto:info@prudential.ug), [www.prudential.ug](http://www.prudential.ug)

### Membership Application Form.

**PLEASE ENSURE THAT ALL RELEVANT SECTIONS ARE COMPLETED.**

#### 1. Member's details

SURNAME:  OTHER NAMES:

PASSPORT NO/ NIN:  DOB:

OCCUPATION:  SEX:

POSTAL ADDRESS:

NAME OF EMPLOYER:

TELEPHONE: HOME:  MOBILE:

EMAIL ADDRESS

PREVIOUS INSURANCE COMPANY:

#### 2. Dependants to be covered.

##### Particulars of family members joining (if the scheme covers your dependents)

NAME	DATE OF BIRTH	SEX (M / F)	RELATIONSHIP	BLOOD GROUP
1.	DD MM YY	M/F		
2.	DD MM YY	M/F		
3.	DD MM YY	M/F		
4.	DD MM YY	M/F		
5.	DD MM YY	M/F		
6.	DD MM YY	M/F		

##### Particulars of next of kin

NAME:  RELATIONSHIP:

POSTAL ADDRESS

E-MAIL:

TEL. (MOBILE):  (HOME):  (OFFICE):

**3. CONFIDENTIAL HEALTH QUESTIONNAIRE**

HAVE YOU OR ANY OF YOUR DEPENDANTS EVER HAD (BEEN DIAGNOSED AND/OR TREATED FOR) ANY OF THE FOLLOWING MEDICAL CONDITIONS? KINDLY ANSWER; YES / NO TO ALL THE QUESTIONS BELOW. ANSWERS ARE REQUIRED FOR EACH APPLICANT. (ASK A DOCTOR FOR ASSISTANCE IF NEEDED).

NOTE: IF THE ANSWER IS YES TO ANY OF THE QUESTIONS, YOU WILL BE REQUIRED TO PROVIDE DETAILS OF THE MEDICAL CONDITION. PAUL MAY REQUEST YOU TO PROVIDE MEDICAL REPORT, WITHOUT WHICH YOUR APPLICATION MAY BE DELAYED.

NO.	MEDICAL CONDITION	Principal	No1	No2	No3	No4	No5
3.1	Weight (Kg)						
3.2	Height (cm)						
3.3	Blood group						
3.4	Cancer, growths or tumors whether benign or malignant	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.5	Cardiovascular (heart and blood vessels) disorders including High Blood Pressure, heart Deep venous thrombosis, congenital heart disease, chest pain, coronary artery disease/ ischemic heart disease, valvular heart disease, arrhythmias, varicose veins, coronary artery stenting, peripheral arterial disease, aneurysm, angina, palpitations, rheumatic fever and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.6	Respiratory and Ear Nose and Throat (ENT) disorders including asthma, tuberculosis, hearing & speech impairment, adenoids, cleft lip & palate, tonsils, nose injuries, nose bleeding, sinus problems, cigarette smoking, bronchitis, allergic rhinitis, chronic	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.7	Endocrine disorders including high cholesterol, diabetes, thyroid abnormalities, obesity, hormonal imbalances, diabetic coma, and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.8	Eye related disorders including glaucoma, blindness, cataracts, retinitis pigmentosa, lens implants, laser surgery, retinoblastoma and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.9	Gastrointestinal disorders including peptic ulcer disease, heart burn, reflux, dyspepsia, haemorrhoids, pancreatitis, liver cirrhosis, gall bladder disease, hepatitis, hernias, anal fissures, rectal bleeding, endoscopy, colonoscopy, sigmoidoscopy, and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.10	Gynecological & obstetric disorders including caesarian section, fibroids, ovarian cysts, infertility, pelvic inflammatory disease, menstrual irregularities, abnormal pap smear, hormonal treatment, miscarriages, endometriosis, laparoscopic surgery and any	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.11	If pregnant indicate expected date of delivery.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.12	Genitourinary disorders including enlarged prostate, kidney failure, dialysis, kidney stones, bladder disorders, pyelonephritis, syphilis, gonorrhoea, chlamydia, genital herpes and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.13	Musculoskeletal disorders including arthritis, gout, back problems, physical disabilities, problems, sporting injuries, osteoporosis, scoliosis, kyphosis and any other	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.14	Neurological & psychological disorders including epilepsy, mental disabilities, paralysis, schizophrenia, depression, bipolar disorder, panic attack, personality disorder, anxiety, attention deficit disorder, post-traumatic stress, attempted suicide, anorexia, nervosa/bulimia, alcohol or drug dependency? Addiction and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.15	Blood & connective tissue disorders including leukemia, HIV/AIDS, systemic lupus erythematous (SLE) and any other.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.16	Congenital/inherited/hereditary disorders including birth defects, sickle cell disease, hernia and any other	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.17	Skin disorders including eczema, keloids, warts, acne, moles, melanoma, skin cancer, hypertrophic scars, burns and any other	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3.18	Has any close blood relative (excluding dependants) ever been diagnosed with heart disease, high cholesterol, diabetes or any other hereditary disease.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

If answered YES to any of the questions above, please supply full details below.

No.	APPLICANT	DATE	CONDITION	TREATMENT	CONSULTING DOCTOR
		DD MM YY			
		DD MM YY			
		DD MM YY			
		DD MM YY			
		DD MM YY			

PAUL reserves the right to terminate your membership if the above information given is proved to be false. No premium will be refunded in this regard. I hereby declare that to the best of my knowledge and belief the information given in the application is true and complete. I agree that the exclusions and restrictions of the Scheme will be binding on me and all eligible dependants included in the membership.

Signature.....Date.....

**N.B Please attach a photocopy of your valid National Identification Card / Passport for all Adults, discharge report for babies 0-3 months, copies of birth certificates for biological children aged 4 months and above.**

**EMPLOYER SIGNATURE AND STAMP:**