## Generali Worldwide





Please complete all sections in BLOCK CAPITALS or tick the boxes, where appropriate.

Gro	oup Number:					
Employer Name:						
Employee Name:						
Employee ID Number:						
Applicant Name:						
Applicant Date of Birth:		M M D D Y Y				
ALL QUESTIONS MUST BE COMPLETED						
1. On what date was the growth discovered? M M D D Y Y						
2.	2. Where was it located?					
3. Do you know, in medical terms, what it was called?						
4.	Has the growth been of If Yes, give full details.	completely surgically removed?	Yes 🗌 1	No 🗌		
	If No, has it increased	in size?	Yes 📙 N	No L		
5.	Have you received any If Yes, provide details a	other type of treatment? (e.g. medication, radiation therapy or chemotherapy) and dates.	Yes 📙 1	No L		

6.	Has there been any recurrence?  If Yes, provide details and dates.	Yes No				
7.	Has there been any hospitalization or time lost from work due to this condition?  If Yes, please provide dates	Yes No No				
8.	Have you been discharged from all follow-ups by your doctor/ specialist?	Yes No				
	If Yes, provide date: M M D D Y Y					
	If No, please provide details of ongoing care or follow-ups.					
Additional Comments						
<b>CERTIFICATION:</b> I certify that these answers and statements are true to the best of my knowledge and belief. I will inform Generali Worldwide of any material changes to the information provided which take place between the time the form is completed and the						
time coverage become effective. I agree that this document shall form a part of my request for coverage.						
А	pplicant signature: Date: M M D D Y Y					
This completed and signed form may be mailed to: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas or faxed to +1 242 328 5972 or scanned and e-mailed to: underwriting@generalibahamas.com						
PLEASE RETAIN A COPY FOR YOUR RECORDS						

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.

Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas.

 $Licensed\ by\ the\ Insurance\ Commission\ of\ the\ Bahamas\ to\ carry\ on\ long-term\ insurance\ business\ in\ the\ Commonwealth\ of\ the\ Bahamas.$ 

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salesbahamas@generali-worldwide.com

## Generali Worldwide is a trading name of Utmost Worldwide Limited

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Regulated in Guernsey as a licensed insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Incorporated in Guernsey under Company Registration No. 27151.

generali-healthcare.com

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