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ShildShare MICROINSURANCE

Because financial protection matters

FUNERAL CASH PLAN PROPOSAL FORM

NOTE: This form must be completed in full. Where a section or field does not apply, indicate "N/A".

SECTION 1: POLICY HOLDER DETAILS (18 – 65 Years)

First Name (s)		Surname	
National ID Number		Date of Birth	
Gender		Mobile Number	
Email Address		Home Address	
Nationality			

SECTION 2: PREFERRED PRODUCT AND PACKAGE

Policy Package	Sum Assured (USD)	Premium (USD)	Tick Preferred Package
Bronze Shield	$500	$1.00	
Silver Shield	$1,000	$2.00	
Gold Shield	$1,500	$3.00	
Platinum Shield	$2,000	$4.00	

SECTION 3: DEPENDANTS (0 – 65 Years)

First Name (s)	Surname	ID Number	Date of Birth	Gender	Relationship

SECTION 4: ADD HOSPITAL CASH BACK RIDER

i) This is an Add-On Rider to the ShildShare Funeral Cash Plan.

ii) It is available only to Customers with an active Funeral Cash Plan, and the Policyholder and registered Dependants are automatically covered, subject to the Terms and Conditions.

iii) Monthly premium: **USD 2 per head**

Yes		No		Total Hospital Cash Back Plan Premium Due (Lives Covers x $2)	

SECTION 5: TOTAL PREMIUMS DUE

Funeral Cash Plan Package	Lives Covered	Funeral Cash Plan Total Premium	Hospital Cash Plan Total Premium	Total Premium Due

SECTION 6: BENEFICIARY DETAILS

First Name (s)	Surname	ID Number	Date of Birth	Gender	Relationship

SECTION 7: ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

By signing this form, I confirm that I have:

1. Read and understood the ShildShare Funeral Cash Plan Terms and Conditions.
2. Agreed to the eligibility criteria: I am between 18 and 65 years old, and my Dependants meet the eligibility requirements as set out in the full Terms and Conditions.
3. Confirmed the details provided are accurate and complete and understand that any misrepresentation or non-disclosure may result in Policy cancellation or Claim rejection.
4. Noted that Premiums are payable on the 1st day of each month, that full payment must be made, and that the Policy will lapse automatically if payment is not made within the grace period.
5. Acknowledged that the Policy has exclusions, including death within three months of Policy commencement from natural causes, suicide, war, or epidemics as defined in the Terms and Conditions.
6. Confirmed the Beneficiary details provided and understand that the death benefit will be paid to the designated Beneficiary.
7. Agreed to accept any changes to terms and conditions with sixty (60) days' notice by the Insurer in line with applicable law and policy terms
8. Confirmed understanding of the Claims procedure, including submission of the Death Claim Form and supporting documents within 180 days of the death of the Insured.
9. Confirmed consent to the collection, processing, storage and sharing of my personal information (and that of my Dependants) by ShildShare Microinsurance (Private) Limited for purposes of policy administration, underwriting, claims processing and compliance with legal and regulatory requirements, in accordance with the ShildShare Data Privacy Notice and Terms and Conditions.
10. Confirmed that I understand the Hospital Cash Back Plan is an add-on rider to the ShildShare Funeral Cash Plan. It is available only where I have an active Funeral Cash Plan, and automatically covers the Policyholder and registered Dependants, subject to the Terms and Conditions. Monthly premium: USD 2 per head.

SECTION 8: SIGNATURES

☐ **I confirm that I have read and understood the Terms and Conditions of the ShildShare Funeral Cash Plan, agree to be bound by them, and acknowledge that the full Terms and Conditions are available at www.shildshare.com/termsandconditions or at any ShildShare approved customer service touchpoint.**

Policy Holders Full Name	Signature	Date
Agents Full Name	**Signature**	**Date**