



Ghana Co-operative Credit Unions Association (CUA) Ltd.

CUA RISK MANAGEMENT PROGRAMME

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SHORT APPLICATION FORM 1

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NAME OF CREDIT UNION

LOAN POLICY COVER APPLICATION (HEALTH DECLARATION) FORM

(THE LOAN FACILITY PROTECTION PLAN (LFPP) PROVIDES DEATH AND DISABILITY BENEFITS IN THE EVENT OF INSURED'S DEATH OR DISABILITY, RESPECTIVELY)

NAME: _____

ACCOUNT NO.: _____

TEL. # _____

Date of Birth _____ / _____ / _____
DD MM YR

Age _____

Occupation _____

Sex _____

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Beneficiary _____ PTO Relationship _____ Age _____

Address of Beneficiary

1. Have you ever been diagnosed of cancer? ☐ Yes ☐ No
2. Have you ever been diagnosed of HIV or AIDS? ☐ Yes ☐ No
3. At present are you aware of or have you received advice from your doctor that you are suffering from any illness? If yes, please specify (for quality amount above GH¢10,000.00) ☐ Yes ☐ No

NOTE: If QUESTION 3, IS ANSWERED 'YES' THEN THE LONG APPLICATION FORM (2) MUST BE COMPLETED AND SUBMITTED TO CUA LTD.; IF ONLY THE AMOUNT IN FORCE EXCEEDS GH¢10,000.00 IN SUCH A CASE COVERAGE WILL NOT TAKE EFFECT UNTIL APPLICATION IS APPROVED BY CUA LTD.

I declare that to the best of my knowledge I am in good health, and I am able to perform the normal activities in the pursuit of my livelihood.

I declare that the above answers are true and complete and have been given by me and I do hereby agree that they shall form the basis of my proposed coverage.

I further agree that CUA LTD. shall not be liable for any claim on account of any illness, injury or death that the cause of which was known prior to application for coverage but was withheld or concealed in the above statement.

Herewith, I also give consent and authorization to CUA LTD. to seek any information from any doctor who has ever attended to me and from any life assurance office to which a proposal on my life was made.

I understand that disqualification from coverage will not entitle me for any refund of premiums.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

WITNESS: _____
LOAN OFFICER/OFFICE MANAGER DATE

NOTE: THIS APPLICATION FORM WILL ALWAYS BE COMPLETED AT THE TIME OF APPLICATION FOR COVERAGE BUT SHOULD BE SUBMITTED TO CUA LTD. TOGETHER WITH LONG APPLICATION FORM 2 ONLY IF QUESTION 3 IS ANSWERED 'YES' OR IN CASE OF A CLAIM.