



PROPOSAL FORM FOR SLICO FORMAL SECTOR GROUP LIFE ASSURANCE

Personal Information of Proposer

Full Name: _____ Address: _____ E-mail _____

Date of Birth: _____ Occupation: _____

Place of Work/Employer: _____ Pin Code: _____

Monthly Premium and Sum Assured

Premium	Le25,000	Le50,000	Le100,000	Le200,000
Sum Assured	Le5,000,000	Le8,000,000	Le15,000,000	Le20,000,000
Please Tick				

Benefits

S/No.	Cover	Benefit
1.	Transitional Retirement	Based on Graduated Retirement Benefit Scale
2.	Loan Facility	Maximum of 50% of total contribution and must have been with the scheme for 2 years.
3.	Accidental Death Claim	One and half times the Sum Assured.
4.	Total Disability Claim	75% of the Sum Assured.
5.	Life Cover	Sum Assured.

Details of Nominated Beneficiary/(ies)

Details of Nominee/(s)	1 st	2 nd	3 rd	4 th	5 th
Full Name					
Full Address					
Relationship to the Proposer					
Share/Percentage					
Date of Birth of Nominee					
Telephone No.					
If Minor, state the name of the trustee, address, relationship to insure and Tel.					

UNDERTAKING AND DECLARATION

I am aware that the Assurance Policy will be in force only when I pay my premiums REGULARLY and I hereby undertake to do so. I declare that to the best of my knowledge and belief the information provided above is true and accurate and that it should form the basis of the contract between the Sierra Leone Insurance Company (SLICO) and myself.

Signature of Proposer: _____ TEL NO. _____ Date: _____

Marketer/Agent: _____ Signature: _____ Date: _____