



SIERRA LEONE INSURANCE COMPANY LIMITED

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GROUP ENROLMENT FORM

(Any information provided will be treated as private and confidential)

1. Name of Establishment
(Please use block letters)
2. Address in Full: Tel No
3. Nature of Business: Fax No
4. Total Number of Employees/Membership:
- 5a. Total Number to be Enrolled:
 - i. Total Number of Males:
 - ii. Total Number of Female:
- 5b. Total No. of Dependents:
 - i. Wives
 - ii. Husbands
 - iii. Children
6. Do you normally ask new employees/members to attend medical examination before their engagement

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. Current clinics/hospitals used by employees/members
8. Please state your medical benefit expenditures for the previous 2 years (actual or estimate)
2021 2022
9. Has any proposal for insurance ever been declined, deferred or accepted on special terms?
Yes No If yes give reasons
10. **Benefit Required:** (please tick and specify the number required for each package).

GH PLUS PACKAGE <input type="checkbox"/>	GH ENHANCED PACKAGE <input type="checkbox"/>	PRESTIGE PLUS PACKAGE <input type="checkbox"/>
Employees	Employees	Employees
Spouses	Spouses	Spouses
Children	Children	Children

We hereby declare that to the best of our knowledge the above information is true and correct.

Signature

Designation

Date

Note:

Upon receipt of the duly completed Group Enrolment Form indicative premium quotations will be furnished. A firm quote will be provided after the completion of the individual forms.