

POLICY PLAN UPGRADE FORM

“Liability of SONGHAI Health Trust Limited does not commence until this application is accepted, premium received and policy issued. Please NOTE that benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought. A material fact is one that is likely to affect the assessment of this application”.

Principal Name: _____ Policy Number: _____

(Picture of the principal)

1. PRESENT PLAN (Please tick one box only)

SHTL Gold Plus SHTL Gold SHTL Silver SHTL Classic SHTL Standard

2. PROPOSED UPGRADE PLAN (Please tick one box only)

SHTL Gold Plus SHTL Gold SHTL Silver SHTL Classic SHTL Standard

3. EFFECTIVE DATE OF UPGRADE:

dd	mm	yyyy
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4. CHOICE OF HOSPITAL: (Please state clearly with the appropriate address of the Hospital):

5. REASONS FOR PLAN UPGRADE: (Please state clearly):

6. SPOUSE AND DEPENDANTS NAMES & PHOTOGRAPHS:

SPOUSE

DEPENDANT 1

DEPENDANT 2

DEPENDANT 3

DEPENDANT 4

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Medical condition Cont'd

		Principal		Spouse		Dependant 1		Dependant 2		Dependant 3		Dependant 4	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
11	Tumour, growth, cancer or glandular diseases												
12	Diseases or disorders of the eyes, ears, nose and throat												
13	Mental disorders												
14	Any diseases, disorders or conditions which are long lasting or recurrent												
15	Management for drug or substance abuse												
16	Any other illnesses, disabilities or defects that have not been mentioned above												

if your answer to Question 16 above is YES, please provide details: _____

8. DECLARATION

I hereby declare that the information given in this form is complete and true. I am aware that if I give any false or misleading information deliberately, my Policy Plan Upgrade may be rejected, or may be terminated back to the date of this application. I am also aware that if I leave out important information in this form, my Policy Plan Upgrade may be rejected.

I understand and agree that any disputes between myself (including any of my enrolled family members) and Songhai Health Trust must be submitted to final and binding arbitration. I also understand that disputes that I may have with Songhai Health Trust involving claims for medical malpractice (that is, whether any medical services rendered were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) are also subject to final and binding arbitration.

My signature below indicates that I understand and agree with the terms of this Agreement.

SIGNATURE OF APPLICANT

DATE