



# Hallmark HMO

Hallmark Health Service Limited RC:1451780

## RETAIL PLAN UNDERWRITING CONDITION FORM

This form must be completed by each principal enrollee, the additional payments would apply for each enrollee with specific needs. These features apply to retail clients with lives between 1 - 9

I, .....do hereby agree as follows:

- I accept that my retail health insurance plan excludes investigations and management of chronic diseases/conditions
- For each of my pre-existing chronic conditions I shall pay in addition to the premium NGN60,000.00 per condition. (No.1 becomes covered.)
- I accept to pay an additional sum for a child with sickle cell disease which would be underwritten directly if I want it covered
- I accept that all pre-existing chronic conditions not disclosed at registration / enrolment shall not be covered at point of access at any point on the policy.
- My health plan shall have a waiting period (moratorium) of twelve months for all Maternity, and Surgical related cases.
- All pre-existing Surgical cases are excluded, however would be underwritten directly if I want it covered (To be treated per case) YES or NO .....
- I accept to pay agreed additional premium for use of any Special premium Hospital (see Proposal)
- I accept a waiting period (moratorium) of 4 months for all Optical and dental benefits
- I agree to pay a sum of N10, 000.00 for every year above 59 years.

I hereby confirm that the above information is true, and any useful information I deliberately withhold renders my registration invalid.