



Renewed Life Limited
"Where the new life begins"
www.renewedlifelimited.com
47 Marina, Lagos Island
Lagos State
Tel: 01-8509650, 01-7921351

Application for Individual In Group Coverage

Note: Application must be typed or completed in Ink. Please be sure to answer all questions correctly and truthfully to avoid any delay in processing or denial of your application.

Reason for Application: New Application: Family Member Added:

Group Number: _____ **Company's Name:** _____

Address: _____

Branch Location: _____ **Tel:** _____

I.D. Number:	First Name:	MI:	Last Name/Surname:

Male Or Female **Married/Single/Household** **Date of Birth:** _____

Height: _____ **Weight:** _____ **Job Title/Position:** _____

Home Address: _____

Mailing Address (If different from above): _____

E-mail Address: _____ **Tel:** _____

Applicant Occupation: _____ **Employer's Name and Address:** _____

Spouse Occupation: _____ **Employer's Name and Address:** _____



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Applicant and Dependent information

Name:	Gender:	DOB: dd/mm/yy	Relationship:

ACKNOWLEDGEMENT: I understand and agree that this coverage does not cover any prescribed medication, or plastic surgery.

CERTIFICATION: I hereby certify, represent and warrant that: (i) I have read the foregoing statements or they have been read to me, and I understand them, (ii) I am (we are) eligible to participate in this coverage program. If signed as proxy of the Insured, the undersigned warrants their authority and capacity to so act and to bind the Insured. By acceptance of coverage, the insured ratifies the authority of the signatory to bind Insured.

Print Name: _____

Employee’s Signature: _____

Date Signed: _____

Administrator Name: _____

Title: _____

Signature: _____

Date Signed: _____

How to return your signed and completed application: All group application should be sent in together with all eligible applicants.

By Mail:
47 Marina,
Lagos Island, Lagos State

Or

P.O. Box 7251
Marina, Lagos Island, Lagos State