

Financial Information Disclosure

Critical Illness Insurance

Policyholder Information

Name _____

Date of Birth _____

Policy Number _____

Premium Details

Premium Amount _____

Payment Frequency

- Monthly
- Quarterly
- Annually

Payment Method _____

Coverage Details

Sum Insured _____

Covered Critical Illnesses

- _____
- _____
- _____

Waiting Period _____

Benefit Payout

- Lump Sum
- Installment

Exclusions & Limitations

- _____
- _____
- _____

Other Fees & Charges

Description	Amount / Percentage
Policy Fee	_____
Other Charges	_____

Agent / Insurer Contact

Agent Name _____

Contact Number _____

Email _____

Disclaimer: This document is for illustration only and does not constitute an actual policy or binding agreement. Please refer to your actual policy terms and disclosures provided by the insurer.

