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SENIOR CITIZENS



Application Form



The Manager - Hatton National Bank
Branch

Date:

Please attach two passport size colour photographs of yourself.

(Please complete all sections in BLOCK CAPITAL letters)

Name in full (Mr / Mrs / Miss):

Name to appear on card:

NIC:

Tel No. (Residence / Mobile): E-mail:

Date of Birth: Age: years

Address:

Fixed Deposit (F/D) No. / Savings (S/A) A/C No:	Amount (Rs.)	Branch
<input type="text"/> (FD / SA)	<input type="text"/>	<input type="text"/>
<input type="text"/> (FD / SA)	<input type="text"/>	<input type="text"/>
<input type="text"/> (FD / SA)	<input type="text"/>	<input type="text"/>

Current Account No. Credit Card No.

By signing below, I the undersigned have read and understood the rules governing the Senior Citizens' Scheme. I further agree to abide by them as well as the additional terms and conditions applicable for this scheme.

I enclose herewith two passport size colour photographs and request you to issue me a Senior Citizens' "Special Privileges Card".

Signature

OFFICE USE ONLY

Branch use only

We confirm that the particulars furnished by the applicant are true and correct and he/she falls into category (A) / category (B) - (Please strike appropriately)
Under category (B) customers should be advised to fill in a health declaration as stated in this application form.
Note: In the case of joint accounts, each applicant is required to fill in a separate application.

Deposit Mobilization Division Use Only	Date	Initial
Application Received		
Forwarded for Production		
Card Issued to Branch		

Signature (Manager / Asst. Manager)

Senior Citizens' Health Plus Scheme

Under group insurance through HNB Assurance Limited, individuals qualifying for the Health Plus Scheme should fill the application below.



PARTICULARS OF PERSON TO BE INSURED



Name in Full (Mr / Mrs / Miss): _____

NIC No: _____ Marital Status: _____

Are you exposed to any hazardous / harmful substances in your occupation or daily life? (Please give details):

HEALTH DECLARATION

- Have you had any physical or mental defect, infirmity or disorder? Yes / No (If 'yes' please state the following):

Nature of defect: _____

Since when: _____

- Have you consulted a medical specialist or received hospitalized treatment or suffered from an intermittent or recurring illness during the last five years? Yes / No (If 'yes' please state the following):

Nature of illness / surgery or treatment: _____

Period: _____

Present state of health in this respect: _____

- Have you consulted a medical practitioner in the past year? Yes / No (If 'yes' please state the following):

Nature of illness / surgery or treatment: _____

Period: _____

Present state of health in this respect: _____

I hereby declare that the above answers are true and correct and that I have not withheld any material information on this proposal.

I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between me and HNB Assurance Ltd.

Date: _____

Signature: _____

IMPORTANT NOTICE TO PROPOSER

1. Before you enter into the contract of general insurance with an insurer, you have a duty to disclose to the insurer in the proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy may be void.
2. The liability of the company does not commence in respect of this proposal until acceptance has been communicated by the company to the proposer.

RULES GOVERNING THE SENIOR CITIZENS' SCHEME

1. The minimum deposit / balance and other requirements for this scheme could be ascertained from the branch where the application is submitted.
2. A 'Special Privileges Card' will be issued free of charge.
3. The Bank reserves the right to withdraw the card or the services offered at any time at its absolute discretion.
4. The rules governing this scheme will automatically stand amended if such amendment is necessitated by law.
5. The special discount coupons provided to you under this scheme are exclusively for your personal use only.

TERMS & CONDITIONS FOR HOSPITAL CARE SCHEME

1. Account holders should maintain the required deposit / balance for a continuous period of 3 months prior to making a claim under this scheme.
2. The basis of computation and the maximum limit payable as reimbursement under this scheme could be ascertained from the branch office where the application is submitted.
3. The following are not covered under this scheme.
 - Injuries or hospitalization not notified to the Bank within thirty days.
 - Hospitalization up to 2 days (if the period of stay exceeds more than 2 days the claim will be entertained from the day of admission).
 - Expenses for the treatment of Hysterectomy, Hernia, Hydrocele, Piles and Diabetes - during the first year that the scheme is in operation.
 - Hospitalization incurred whilst an insured person is travelling in an aircraft other than as a ticket holding passenger in a fully licensed standard type civil aircraft operated by a recognized airline or operated by a recognized air charter company.
 - In respect of eye tests, LASIK or dental treatment, excepting the repair or replacement of injured sound / unfilled natural teeth, arising out of accidental injury.



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SENIOR
CITIZENS



TERMS & CONDITIONS FOR HOSPITAL CARE SCHEME (Contd.)

- In respect of supply of eyeglasses, lenses or hearing aides.
- Psychotic, mental or nervous disorders leading to insanity.
- Congenital Conditions (from birth).
- In respect of general health examinations, routine medical check-ups, inoculations, vaccinations and non medical personal services such as radio, telephone, television etc.
- For cosmetic or plastic surgery unless necessitated by an accident occurring after the effective date of this scheme.
- Arising from any physical defect, infirmity or illness, which existed prior to enrolment under the scheme unless notice is given to and accepted by insurer (pre-existing medical conditions).
- Resulting from an injury sustained or sickness contracted outside the geographical limits of Sri Lanka.
- Medical treatment obtained free of charge and to the extent which liability exists on another policy.
- Recurrent ailments other than the insured contracting such ailment for the first time during the period of this scheme.