



PUBLIC SERVICE NIUCARE ASSOCIATION Inc.

Policy No.																			
Member No.																			
File No.																			
NID No.																			

Level 5, Tower A, Waigani, NCD, Central Government Office (CGO) | PO Box 770, Port Moresby, National Capital District | Email: info@niucare.com.pg | Telephone: (675) 327 6381 / 327 6403

LIFE & MEDICAL SCHEME

Please answer all questions. This will help us be of service as quickly as possible. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this proposal and the declaration will include them.

Surname	Given Names
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Department/Company

Gender	Date of Birth	Nationality	Occupation
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Postal Address	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Telephone No.	Mobile No.	Email address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please indicate (tick) the kind of Medical Cover Plan you wish to be insured under

Single
 Couple
 Family
 Group

Kindly complete if Family Cover has been selected and/or is required.

Full name of Legal Spouse

Gender	Date of Birth	Nationality	Occupation
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Is your spouse residing in PNG?

Yes No If not, please elaborate and give details.

DECLARATION

I/We hereby declare that the above answers and statements are true and that I/We have withheld no information whatever regarding this proposal.

I/We agree that this Declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and Public Services Niucare Association Inc.

I/We further declare and agree that in the event the declaration shall contain any misstatement misrepresentation, suppression and or fraud; the issuance of the policy shall not be deemed to be a waiver of such misstatement, misrepresentation, suppression, and or fraud.

I/We hereby authorise any hospital, surgeon, medical practitioner, clinic or other person who attended to me/us for any reason to disclose to Public Services Niucare Association Inc any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/certifications including any medical history. A photocopy of this authorisation shall be considered as effective and valid as the original.

I/We acknowledge that the liability of Public Services Niucare Association Inc does not commence until this proposal is accepted and the premium has been fully paid to Public Services Niucare Association Inc.

MEDICAL BENEFITS DECLARATION

	Name	Date of Birth	Gender (M/F)	Biological/Legally Adopted (B/A)
Spouse				
1 - Dependent Child				
2 - Dependent Child				
3 - Dependent Child				
4 - Dependent Child				
5 - Dependent Child				

DEATH BENEFICIARY DISTRIBUTION

I/we on my/our own freewill and sound mind declare the following beneficiary distribution as stated in my last Will and Testament below.

SIGNATURE OF APPLICANT**DATE:**

Note: If the space provided is insufficient for answers or for any supporting information, please use additional schedules.

LAST WILL AND TESTAMENT

Made by _____ (assured member) _____

On this _____ day of _____ 2024.

1. **THIS IS THE LAST WILL** of _____ of _____
Village, _____ Town, _____ Province of Papua
New Guinea.

I hereby revoke all prior Wills and Testamentary dispositions made by me and I declare that at the time of making this I hereby revoke all prior wills and testamentary dispositions made by me and declare that at the time of making this, I am of sound mind and full capacity, not under any duress, menace, fraud, mistake, or undue influence.

2. **I APPOINT** _____ of PO Box _____ to be the
Executor/s of my Will and Trustees of my estate. If he/she predeceased me or unable or unwilling to be the
Executor or Trustee, then I appoint my wife _____ of _____
Village, _____ Province, born ____ / ____ / ____ of PO Box
_____, to be the Executor and Trustee of my estate.

3. **IF MY WIFE** predeceases me, or dies at the same time as me, remarries, I appoint _____
_____ of _____ Village, _____ District,
_____ Town, _____ Province to be the Guardian of my minor children
during their respective minorities.

4. **I APPOINT the Board of Trustees of PSNA** of PO Box 770, Port Moresby or their legal representatives in title to
be my solicitors for the purposes of the legal aspects regarding the administration of my estate.

5. **AFTER** all my debts, funeral expenses and other creditors have been settled, I LEAVE my Life Benefits as a gift
free of all duties and charges whereas the aggregate **life assurance benefits**, of all description, which are
registered in my name individually, severally or jointly shall be shared in the following basis and **I GIVE THE
BENQUEATH** of my proceeds from **PSNA** to be distributed in THE FOLLOWING percentages:

Name of Beneficiary	Date of Birth	Percentage
		%
		%
		%
		%
		%
		%

and such of his/her brothers or sisters as yet unborn, half share of their own use and benefit absolutely, after
payments of all my just debts, funeral and testametary expenses.

6. **WHERE THERE ARE** minor beneficiaries, such minor beneficiaries cannot receive their entitlements under this
WILL until they attain the age of eighteen (18) years.

7. **UNTIL ANY MINOR** beneficiary becomes entitled to receive their benefits under this WILL, my trustees shall have the power to pay or apply the whole or part of any income to which that minor is entitled:
- a) For the maintenance, education, benefit or support of that minor beneficiary until that minor becomes entitled to that property; or
 - b) To the Guardian of that minor for the maintenance, education, benefit or support to that minor beneficiary until that minor beneficiary becomes entitled to that property. If the Trustees make a payment to a Guardian under this WILL, the Trustee is not required to see how the money is applied by the Guardian.
8. **WHERE:**
- a) A child of mine has already died or dies before me or before becoming entitled to receive their benefit under the WILL, leaving children then such child or children shall be entitled, and if more than one then equally between them, the share in my benefits which such deceased child of mine would have taken had he or she survived me.
 - b) WHERE the children have already died or die before me or before becoming entitled to receive their benefit under the WILL, then I desire that share in my estate which such children would have received be redistributed equally amongst those of my grandchildren that are still alive.
9. **DATED THIS** _____ Day of _____ 20____
I Leave, free of all costs.

EXECUTED BY THE TESTATOR in the presence)
Of us both as witnesses and signed by each of us as)
Witnesses in the presence of the Testate and each)
of them:) Testator/Testatrix

Signed by the above named _____ as his/her last WILL and Testament in the presence of us at the same time who at her request at her presence and in the presence of each other have hereto subscribed our names as witness:

WITNESS (1) (Signature) _____

Please Print
Family Name (Surname) _____

Given Name: _____

Date of Birth: ____/____/____

Occupation: _____

Residential Address: _____