

Mid Term Adjustment (MTA)

Group Name _____

Employee Dependant _____

Member Name _____

Date of birth Nationality _____

Country Of Residence MTA Start Date _____

1. In the past five years, have you or your dependants been admitted to hospital? Yes No
If "Yes", please provide details:

2. Have you or your dependants ever suffered from any serious health problems? * Yes No
If "Yes", please provide details:


* By serious, we mean conditions such as diabetes, cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, organ transplants, liver or kidney problems, degenerative cognitive disorders such as Alzheimer's, Dementia, Parkinson's etc. If you are in any doubt as to what constitutes a serious medical condition, please declare it.

3. Are you or your dependants currently undergoing a course of medical treatment or taking any medication? Yes No
If "Yes", please provide details

4. Are you or your dependants currently pregnant? Yes No

5. Are all employees actively at work at the time of application? Yes No
If "No", please make a full declaration (e.g. name, date last worked, reason for absence):

6. Do you or your dependants know of any impending medical operations, medical treatment or medical consultations? Yes No
If "Yes", please provide details:

Signature 

Date