



## FunInCo Specialty Insurance Company

### Local Interment Plan – Enrollment Form

Insured last name: \_\_\_\_\_

Name: \_\_\_\_\_ other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ P.O.B.: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Age: \_\_\_\_ Gender: M ☐ – F ☐ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

#### Additional Insured Persons – Immediate family members only

##### Copy of birth certificate required

Last name	Name	Relation	D.O.B. (d.m.y.) M / F
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____
_____	_____	_____	____ / ____ / ____ ____

Signature of Insured: .....

Date signed: ...../...../.....  
D M Y

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To be completed by representative of FUNINCO N.V.

Plan № \_\_\_\_\_

Initial Salesclerk: .....

Initial Financial Manager: .....



**FUNINCO N.V.**

***Prospective Insured – Medical Questionnaire  
For Local Interment Insurance Plan***

*Dear prospective Insured client,*

*We at FUNINCO N.V. thank you for your interest in our product.*

*In order to establish if you (and your additional prospective Insured clients) qualify for funeral insurance coverage, you are required to complete this medical questionnaire truthfully, and completely. All pages must be initialed, and the final page must be signed by the prospective Insured.*

***The questionnaire***

*If all the questions are answered with **No**, then the prospective Insured is welcomed to acquire funeral insurance coverage as specified in the Company brochure, and under the Policy Terms and Conditions of the Local Interment Insurance Plan.*

*Based on the outcome of this questionnaire the prospective Insured may be refused insurance coverage by the Company. The Company may - to find out if and under which conditions it provides coverage - request the Insured for additional information and also may consult with an independent (medical) consultant or with your medical consultant. Also, during the course of this insurance, such information might be needed. For example, for a smoother claim handling. The prospective Insured therefore promises that he/she will cooperate with any reasonable request from the Company or any (medical) consultant and hereby for as far as necessary also request his/her heirs to co-operate with any reasonable requests from the Company or any (medical) consultant.*

*The prospective Insured hereby also promises to provide the Company with relevant information in the event this information is received after the questionnaire has been filled out, but before the commencement date of the Insurance.*

*Please also be informed that the Company has a high trust relationship with the Insured and by law it is the responsibility of the prospective Insured to inform the Company correctly of all relevant information. The Company therefore kindly but urgently requests you to fill out and review this questionnaire carefully. An incorrect or false answer or answers on any or more of these questions or any incorrect information towards the Company in general may –even in the event of an honest mistake on the side of the prospective Insured - lead to exclusion from insurance and termination of the insurance agreement by the Company and claim refusals. Therefore, in the event the prospective Insured notices a mistake in the answers on this questionnaire, the prospective Insured is expected - to risk to not lose coverage – to provide the*

*Company with the correct information as fast as the prospective Insured reasonably can, but at least before the commencement date of the insurance.*

*In the event the Company reasonably suspects bad intent on the side of the Insured to for example falsely inform the Company or to commit any fraud, the Company will consider reporting the incident to other financial institutions including other insurers and/or to the relevant authorities. In such an event the Company will always terminate the agreement with the Insured and the Insured will be considered as not being insured by the Company. The Insured in such an event will also not be reimbursed for any paid premiums. The Insured will also be banned from obtaining any product from the Company in the future.*

*Please also know that FUNINCO N.V. will not without your explicit permission share any of your personal information with any third parties unless it has to by law."*

#### *General considerations*

*The Company and the prospective Insured are entering into hopefully a long-lasting contractual relationship. The Company therefore wants to be sure that the prospective Insured understands the product including, but not limited to, the low but existing risks, the costs of it, our fees, the coverage, the possibility of premium increases, our different plans and the differences between them, our policy on non- or insufficient payment and the risks of it, our policy on fraud and misinforming us and the risk of the exclusions the Company uses. The Company therefore aims to inform the prospective Insured sufficiently, so he/she can make an informed choice for our product. The prospective Insured therefore has been provided by the Company with a copy of the most recent terms and conditions used by the Company and also has been provided with a plan scheme regarding the costs and benefits of the insurance plans offered by the Company and with other information about our products.*

*The Company strongly advises the prospective Insured that if, despite our effort to inform the prospective Insured sufficiently, something(s) remains unclear to the prospective Insured or if the prospective Insured has further questions, or if the prospective Insured needs any assistance, to contact his/her insurance consultant or to contact the Company by visiting its office or to call it during office hours or to email the Company before the prospective Insured decides to enter into an agreement with the Company.*

*The Company also strongly advises the prospective Insured to request for our or advice or assistance or to request for the advice or assistance from an insurance consultant before entering into an agreement with the Company - in the event the prospective Insured has little or no understanding of insurances.*

*Please know that we are always willing to answer your questions, explain our product, provide you with more information or assist you in another way in the best way we reasonably can. Please know that on the website of the Company the prospective Insured can also find much information including the most recent Terms and Conditions used by the Company, answers on the frequent questions and on the coverage and costs of our product as well as our contact details.*

*The Insured, after taken the above into consideration, states that he/she understands the content of these documents and the offered product.*

*Prospective Insured initial: .....*

*Date: .....*

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## **Questions**

**1a.** *Is the prospective Insured not insured for medical costs (for example but not limited to; via SZV, a local private medical costs insurer or a comparable foreign private or public health care costs insurer) or is the prospective Insured only insured for medical costs with limitations (for example but not limited to with exclusions for certain illnesses, conditions or defects or has a low coverage of less than USD 100,000.00 per year or per illness, defect or complaint) and/or is the prospective under insured (for example with deductibles that are reasonably not affordable for the prospective Insured or with exclusions for Sint Maarten/Saint Martin health care providers)?*  
Yes - No

*If the answers on this question 1a is **No**, why not and/or please explain what is covered?*  
*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

**1b.** *Does the prospective Insured suffer from or has the prospective Insured been diagnosed with or is the prospective Insured currently under a diagnostic investigation or observation for one or more condition(s), illness(es), defect(s) and/or complaint(s), such as but not limited to; cardiovascular, respiratory, throat, nose, mouth, kidney, immune system, digestive, intestine, neurological, liver, bladder, urinary, genitally, hormone, blood, lymph, nerve system, bone, muscle, cell or skin related (this also includes conditions such as; hypertension, morbid obesity, diabetes, high cholesterol, AIDS, cancer and other infectious diseases such as malaria or tuberculosis) and/or any condition, illness and/ or complaints that is psychological or psychiatric related (this also includes conditions such as; depressions, chronic stress, suicidal thoughts, self-mutilation or burnouts)?* Yes – No

*If the answer on question 1b is **Yes**, kindly circle the above-mentioned relevant condition(s), illnesses, defect and/or complaint and answer questions below (more options are possible):*

- *Please provide us with a brief description of the illnesses(es), defect(s) and/or complaint(s)?*
- *Since when?*
- *What is the reasonable expected outcome of this condition, illnesses, defect and/or complaint? What is the reasonable expected outcome of the received treatment or medical care or attention (please explain hereby also if a full recovery, chronic stable condition, chronic unstable condition, reduced or short life expectancy, terminal stage or gradual decline of health or functions is expected)?*
- *When can this outcome reasonably be expected?*
- *Is or was the prospective Insured receiving treatment - including the use of medicines or other legal substances -, receiving medical care – including palliative, geriatric, physiotherapeutic, psychological, or psychiatric care- and/or is or was the prospective Insured under medical observation for this or all condition(s), illnesses(es), defect(s) and/or complaint(s)?*
- *If the answer on the question above is yes, when reasonably it can be expected that the treatment and/or observation will be completed or ended or when was it completed or ended?*
- *If the treatment, medical care, or observation is completed, was the treatment, supervision, or intervention successful?*
- *If you ended the treatment, medical care or observation ended before completion, for what reason?*
- *Are or were you fully cooperating with the instructions of your medical consultant?*
- *If the answer to this question is no, why not?*

- And if the answer to this question is no, are or were you acting against the advices or treatment plan of your medical consultant?

*If the prospective Insured is or was not receiving treatment, medical care and/or was not under observation for this condition, illnesses, defect and/or complaint:*

- Why was the prospective Insured not receiving treatment, medical care and/or under observation?
- If not, did your medical consultant advice or advised the prospective Insured and/or prescribed to the prospective Insured to receive medical treatment, medical care and/or medical observation?
- If the answer to this question is yes, does or did the prospective Insured ignore or act against the advices, instructions and/or treatment plans of his medical consultant?
- Name of attending main medical consultant (meaning the person or persons who diagnosed the prospective Insured person, who primarily treats the insured or who observes the insured):
- Specialty of the main medical consultant:
- Name of the clinic or medical facility:

*Reasonable in this question 1b means based on the (accumulated) results, prognoses and diagnoses received by the prospective Insured from by the relevant authorities registered medical consultant or consultants; including, but not limited to; GP's, medical specialists, nurses, occupational doctors, physio- or other therapists, nurse practitioners, physician assistants, or psychologist, but not including any alternative, spiritual and/or not registered or banned health consultant.*

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*1c. Does the prospective Insured suffer from or has the prospective Insured any physical or psychological complaint wherefore the prospective Insured has not yet consulted a medical professional and/or is waiting for a result or diagnoses? Yes – No*

- If the answer on question 1c is yes, when is the result or diagnosis expected?
- If the answer on question 1c is yes, but if the prospective Insured has not yet consulted a medical professional, is the prospective Insured planning to do this in the foreseeable future and if yes when?

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*2. Has the prospective Insured during the last five year been investigated, diagnosed, or treated by a medical specialist or psychiatrist or has the prospective Insured been hospitalized or been treated or been under observation in another medical facility including a mental health clinic? Yes – No*

*If the answer on this question 2 is yes:*

- When?
- What is the specialty of the main medical consultant?
- Is the treatment completed?
- What was or is the outcome of the treatment (please explain hereby also if a full recovery, chronic stable condition, chronic unstable condition, reduced or short life expectancy, terminal stage or gradual decline of health or functions is expected)?

- Name of attending main medical consultant (meaning the person or persons who diagnosed the insured person, who primarily treats the insured or who observes the insured):
- Specialty of the main medical consultant:
- Clinic or medical facility:

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*3a. Are there any known or is there any reasonable suspicion on hereditary or genetic diseases or disorders in your family (first, second or third degree) including psychiatric disorders? Yes – No*

- If the answer on this question 3a is yes, what kind of disease or disorder is this?
- If the answer on this question 3a is yes, has the prospective Insured been tested to determine the risk for such a disease or disorder?
- If the answer on this question is yes when and what was the outcome of this test?
- If the answer is no, why not?

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*3b. Are there any, first- or second-degree relatives of the insured who died of natural causes or because of suicide before the age of 65? Yes – No*

- If the question-on-question 3b is yes, what was the stated cause of death?
- What was the exact family relation with this deceased family member?

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*4a. Does the prospective Insured on a regular basis – meaning on average at least once a week over the last 12 months – consume or use alcohol, tobacco, or for non-medical reasons (addictive or non- addictive) legal or illegal narcotics, drugs, or substances, including but not limited to; morphine, amphetamines, painkillers, anti-depressives, cocaine, steroids, or heroin? Yes – No*

*If the answer on this question 4a is yes:*

- which substance?
- since when?
- How many units on average per week?

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*4b. Has the prospective Insured ever been treated or treated him/herself or is the prospective Insured currently being treated or threatening him/herself for addiction to alcohol, tobacco, or legal or illegal narcotics, drugs, or substance addiction? Yes – No*

- If the answer on this question 4b is yes since when or when?
- If the answer on this question 4b is yes, when did this treatment commence, and ended
- If the treatment was ended, is or had it been successful?

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*5. During the last eight years, has the prospective Insured been convicted, fined, admitted, settled or accepted an administrative or public prosecutor transaction offer for (insurance) fraud,*

*forgery, theft, scam, identity fraud, identity theft or counterfeiting or any related felony or violation or has the prospective Insured ever (so also for a period of longer than eight years) been blacklisted by another insurance company or has the prospective Insured ever been refused insurance or has an insurance agreement with the prospective Insured ever been terminated by another insurance company? Yes – No*

*Comments with explanation of the action: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

*6. Is there any other information the prospective Insured believes is reasonably relevant for the Company to determine if the Company will insure the Insured?  
Yes – No*

*Comments: Kindly use comment pages for comments. Also, kindly mark the number of the question to which answer(s) are provided.*

### ***Prospective Insured – Medical Questionnaire For Local Interment Insurance Plan - Attachment***

#### **Declaration**

*I the undersigned, declare that the answers to the questions posed in the attached “Prospective Insured Medical Questionnaire” are true and complete to the best of my knowledge and belief.*

*Prospective Insured name in full: .....*

*Date: .....*

*Prospective Insured signature: \_\_\_\_\_*

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**Comments:**