



NATIONAL INSURANCE TRUST FUND

NI/U/GI/MP/FO/ES/02

**NATIONAL INSURANCE TRUST FUND**

No.97, Maradana Road, Maradana

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**CRITICAL ILLNESSES, SURGICAL, HOSPITAL EXPENSES AND PERSONAL ACCIDENT  
INSURANCE FOR THE MEMBERS OF THE IESL  
PROPOSAL FORM**

For office use only

**OPTION SLECTED (SUM INSURED) PLS MARK**

(1) Rs. 150,000,00

(4) Rs. 600,000,00

(2) Rs. 300,000,00

(5) Rs. 750,000,00

(3) Rs. 450,000,00

(6) Rs. 1,000,000.00

**PERSONAL DETALS OF THE INSURED**

IESL Membership No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

NIC No:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Contact No :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

1.1 Full Name (in English) : Mr./Mrs./Miss : .....

1.2 Private Address (in English) : .....

1.3 Email Address :- .....

1.4 Insured Date of Birth : ..... Age as at date : Yrs..... Months.....

**EMPLOYMENT DETAILS OF THE INSURED**

2.1 Name and Address of the work place : .....

2.2 Division / Department : .....

2.3 Telephone Number of the work place : .....

2.4 Employee No : .....

2.5 Detail of other Health & Personal Accident insurance that you are covered (if any) : .....

**DETAILS OF THE DEPENDENTS OF THE INSURED**

**3. To be filled by Married Insured**

3.1 NIC No. of the Spouse :

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

3.1 a. Name of the Spouse: .....

3.1 b. work place of the Spouse : .....

3.1 c. Detail of other Health & Personal Accident insurance that the Spouse is covered (if any) : .....  
.....

3.2 Dependent Children under 21 years :

|  | Name | Date of Birth | NIC No | Age |
|--|------|---------------|--------|-----|
|  |      |               |        |     |
|  |      |               |        |     |
|  |      |               |        |     |
|  |      |               |        |     |

**4. To be filled by Unmarried Insured**

4.1 Parents below 70 years

|  | Name | Date of Birth | NIC No | Age |
|--|------|---------------|--------|-----|
|  |      |               |        |     |
|  |      |               |        |     |

**5. DECLARATION OF INSURED**

I declare that the Information Given by Me is true and correct.

.....  
Signature of the Insured

.....  
Date

**6. To be filled by the IESL**

I certify that the above named is a member of the Institution of Engineers, Sri Lanka.

.....  
Signature & Seal of the Executive Secretary  
/Authorized Person

.....  
Date

7. Premium paid. Rs. ....

Receipt No. & Date : .....

Account clerk / Cashier Signature : .....