



**GROUP LIFE APPLICATION (Individual Enrollment)**  
**American University of Beirut**

Agent : \_\_\_\_\_

Policy Holder: American University of Beirut

*Without medical questions*

**A. PERSONAL DETAILS** (Please use a pen and write in Block letters. Any corrections made must be approved by the applicant by signing next to it)

1- Full Name of proposed insured (as shown in Identification Document)

AUB ID: \_\_\_\_\_

Female  Male Age: \_\_\_\_\_ Place & Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: \_\_\_\_\_

Single  Married  Widowed  Divorced Number of Children: \_\_\_\_\_ Identification / Passport No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

2- Current Residence Address:

Bldg. & Floor: \_\_\_\_\_ Street or Quarter: \_\_\_\_\_ City / Town: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

3- Occupation: \_\_\_\_\_

Daily Duties: \_\_\_\_\_

**B- DETAILS OF INSURANCE APPLIED FOR**

Benefits	Sum Insured
Natural Death Benefit	<input checked="" type="checkbox"/> 2 X annual salary*
Accidental Death Benefit	<input checked="" type="checkbox"/> 3 X annual salary*
Accelerated Permanent Total Disability due to Accident (Own or Similar Occupation)	<input checked="" type="checkbox"/> 3 X annual salary*
Permanent Partial Disability due to Accident	<input checked="" type="checkbox"/> 3 X annual salary*
Passive War Risk (Death, PTD Own or Similar Occupation, PPD)	<input checked="" type="checkbox"/> 2 X annual salary*

Beneficiary		
Name	Age	Relationship

\* Subject to policy limitations

Currency: \_\_\_\_\_ USD \_\_\_\_\_

**IMPORTANT:** Before signing this application please make sure that all your answers are correct and complete.

\_\_\_\_\_ Date \_\_\_\_\_ City / Country \_\_\_\_\_ Full Name & Signature of Proposed Insured \_\_\_\_\_

\_\_\_\_\_ Signature & Seal of Policy Holder \_\_\_\_\_