

DIPLOMA IN LIFE AND
DISABILITY UNDERWRITING

Application Form

Personal details

Surname..... First Name.....

Address.....

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Date of birth.....CII PIN number.....

Please attach all original relevant examination result notification forms.

Present position

Company.....Position.....

Date of joining company.....Date on assuming current position

Previous experience

Company.....Position.....Dates.....

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Experience in direct underwriting of impaired lives (minimum required 6 months)

Company Dates.....

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Please give details of this experience in the space provided below. Applicant should give information as to the position held, authority to request further medical and non-medical evidence, authority to assess incoming evidence for acceptance terms or further information. Any restrictions imposed upon your authority (i.e. amount of sum assured; limit of extra mortality or morbidity; types of product; age of applicants; financial limitations). Candidates should also state whether, and if so how often, they have direct access to a company medical officer and whether they discuss their own cases or attend in the company of a senior underwriter.

Related experience in life and disability underwriting (minimum required 2 years)

Company.....

Dates.....

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Please give details of this experience in the space provided below if this is insufficient continue on an attached sheet of paper.

The type of experience required is outlined in the accompanying paper.

Name and address of underwriting manager in present company

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Name and address of chief medical officer in present company

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Name and address of any other person you wish the AMS to contact to obtain additional supporting evidence as to your experience and expertise.

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I submit this application form for the AMS Diploma in Life and Disability Underwriting together with evidence that I have passed the necessary CII examinations.

I understand that the chief underwriter and the chief medical officer, if applicable, of my company may be contacted by the AMS with a view to checking the above information and testifying to my expertise in life and disability underwriting.

Signed.....Date.....

