Health Insurance Proposal Form

Please fill in the form and Fax to <u>042 - 7230326</u> or mail to: <u>The Universal Insurance Co. Ltd.</u> <u>Universal Insurance House 63, Shahrah-e-Quaid-e-Azam Lahore-54000, Pakistan.</u>

Name Of Company / Organization Address			M/S ABC (Pvt.) Ltd. 38-Good Health Street Lahore.								
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Contact Person Tele Phone No(s)			Mr. Ali Iqbal (Manager HR) 042-0002134								
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Universal 1		ase √) yoı Universal	ır Desired Standard		sal Prem	ier –					
(Annual Plan for (Annual		al Plan (Annual Plan Insuranc					ce is Required for (Please $\sqrt{\ }$				
employee and his per Infamily)		sured)	per Aliment per insured)			Employees	Spouses	Chi	ldren	Parent	
		1	1	(0)			V	$\sqrt{}$		√	$\sqrt{}$
Health Insurance Required and Lim						its Health Insurance Required for					
Grade	Categ ory	Hospitali zation Limit	Maternity Limit	Room Limit	Annual OPD Limit	Dread Disease Limit	Accidental Death Cover	No Of Employee	No Of Spouse	No Of Children	No Of Parents
Directors	A	125,000	45,000	6000	10,00	225,000	250,000	8	8	21	
GMs	В	100,000	35,000	4000	8000	200,000	200,000	20	18	43	
Managers	С	75,000	25,000	3000	6000	150,000	200,000	46	30	69	
Supervisors	D	55,000	20,000	2000	4000	100,000	100,000	71	46	103	
Office Staff	Е	35,000	15,000	1000	2000	75,000	100,000	105	77	132	
General Workers	F	25,000	10,000	700	1500	50,000	75,000	117	81	163	
						Total		367	260	531	
						Total No. of Lives				1158	
Dated						Authorized Signature Name Office Seal					

For further details please contact: