

## Group life Insurance Proposal

Branch Name .....

Agent's Name .....

Agent's No. ....

1. Proposer's name / workman's name .....

2. Designation .....

3. Business / Organization / Company .....

4. Address Township ..... State / Division .....

5. Contact Phone/ Fax .....

Email Address .....

6. No. of workmen proposed for insurance .....

- (a) The List of workmen and their individual proposals are attached.
- (b) All the listed workmen are currently being employed.
- (c) Those on medical leave and under medical treatment are not included.

Employer's signature .....

Name .....

Date. ....

**Group Life Insurance (Worker List)**

No.	Worker's name	Father's Name	Occupation	National/ Foreigner Registration No.	Age (date of birth)	Assignee's Name	Relationship	National/ Foreigner Registration No. of the assignee	Sum Insured

Employer's signature .....

Employer's Name .....

Group Life Insurance  
Workman Individual Proposal

Agent's Name .....

No. ....

1. (a) Workman's name .....
- (b) Father's name .....
- (c) National / Foreigner .....
- Registration No. ....
- (d) Workman Registration No. ....
- (e) Workman's address & phone .....
- (f) Occupation .....
- (g) Name of Business/ Work .....
- (h) Address .....
2. Age (date of birth ) .....
3. Sum insured .....
4. Term of insurance .....
5. Assignment .....
- (a) Assignee's Name .....
- (b) National/ Foreigner .....
- Registration No. ....
- (c) His / her father's name .....
- (d) Relationship with the .....
- workman .....
- (e) Age .....
- (f) Percentage /part of the .....
- amount assigned .....
- (g) Address & Ph of the assignee .....

I am healthy.

All the above information is correct .

Employer's signature .....

Employer's name .....