

Health Insurance Policy

Agent Name ----- Policy No. -----
Agent ID ----- Date -----
Insured Name -----
Address -----
Insured Period From ----- To -----
Payment Type -----

Type of Cover	No. of Unit	Premium (Kyats)
Basic Cover	-----	-----
Optional Cover (1)	-----	-----
Optional Cover (2)	-----	-----
Total Premium	-----	-----

Insured Person's Information

Father Name -----
NRC/Passport No. -----
Age -----
Occupation -----
Contact No. -----

Beneficiary Information

Name -----
NRC/Passport No. -----
Age -----
Relationship -----
Address -----
Contact No. -----

Due to the premium paid by the insured person, the company is solely responsible for providing compensation that depends on the number of units purchased to the insured person or beneficiary person in accordance with terms and conditions of this insurance agreement, future amendments for the insured person will be hospitalization, undergoing surgery, miscarriage, death, hospital/clinic screening during the above-mentioned insurance period.

Authorized Officer