

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
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

