

ROYAL INSURANCE CORPORATION OF BHUTANLTD.

"Your partner for growth and security"

PROPOSAL FORM FOR HEALTH INSURANCE (GROUP)

Agent details (To be filled in BLOCK LETTERS)

Corporate Agent Name	Code	
Sales Executive Name	Code	
Branch Name	Code	

Proposer's details

Proposal Number		Policy Number		
1. Name of propo	ser			
2. Department Co	ode			
3. Address (Mailing	g)			
Phone #		Mobile #		
Email ID		Fax #		
4. Business of Prop	oser			
5. Whether all eligible employees/members are proposed for insurance?			Yes	
		No		
6. Do you require Maternity benefit extension?		Yes		
		No		
7. What are the other	r extensions/ benefits you wa	nt (Pls specify the limits requ	ıired)	
a. Coverage of Pre existing illnesses?		Yes		
		No		
b. Waiver of first year exclusions?			Yes	
		No		
C. Waiver of 30 days waiting period?			Yes	
			No	
8. Period of Insurance From Date:		To Date:		

9. <u>Details of persons proposed for insurance (Please attach a separate list in the following format)</u>

Sr. No.	Name of Employee	Emp. ID	Date of Birth	Gender	Sum Insured
1					
2					
3					
	Total Members:-		Total Sur	n Insured:-	



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10. Details of previous / expiring insurance policy?

Proposal Number	Policy Number	
Total Members	Total Sum Insured	
Number of Claim Incurred	Expiry Date	

Declaration and undertaking by the Proposer

We do hereby declare that the above statements, answers & particulars are true to the best of our knowledge & brief and that we have not withheld any information what so ever regarding the proposal. We agree that this proposal & declaration shall be the basis of the contract between us & Royal Insurance Corporation of Bhutan Ltd. whose policy for the insurance proposed is accepted by us.

We further agree that if, after insurance is affected, it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance. The company will not be on risk until the proposal has been accepted and full payment of the premium made as per agreed schedule. Persons who are to be insured under the policy may have to undergo Medical examinations prior to the acceptance of the proposal as per company guidelines. The liability of Royal Insurance Corporation of Bhutan Ltd. commences only upon the acceptance of this proposal notwithstanding the payment of any deposit.

We agree & undertake to convey to Royal Insurance Corporation of Bhutan Ltd. any additions / alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place:-	
Date:-	

Proposer's Signature