

# **Health Insurance Proposal Form**

Please fill in the form and Fax to **042 - 7230326** or mail to:

**The Universal Insurance Co. Ltd.**

**Universal Insurance House 63, Shahrah-e-Quaid-e-Azam Lahore-54000, Pakistan.**

**Name Of Company /  
Organization**

**Address**

**Contact Person**

**Tele Phone No(s)**

**Fax No**

**E-mail**

**Note:-Please refer to EXAMPLE (Overleaf) to fill this Proposal Form. The Plan / limit mentioned in our example are for your convenience. You may choose any health Plan / Limit as per your requirement.**

<b>(Please ✓) your Desired Plan</b>		
<b>Universal Basic</b> (Annual Plan for employee and his family)	<b>Universal Standard</b> (Annual Plan per Insured)	<b>Universal Premier</b> (Annual Plan per Alimant per insured)

<b>Insurance is Required for (Please ✓)</b>			
Employees	Spouses	Children	Parents

<b>Health Insurance Required and Limits</b>								<b>Health Insurance Required for</b>			
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										
GMs	B										
Managers	C										
Supervisors	D										
Office Staff	E										
General Workers	F										
<b>Total</b>											
<b>Total No. of Lives</b>											

Authorized Signature

Name

Office Seal

Dated \_\_\_\_\_

**For further details please contact:**

**The Universal Insurance Co. Ltd.**

Universal Insurance House 63, Shahrah-e-Quaid-e-Azam Lahore-54000, Pakistan

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