

Delta Life Insurance Company Limited

Health Insurance Department

“Proposal Request Form” - Group Hospitalization Insurance

Name of Organization :

Address & Tel. No. :

Nature of Business :

Total no. of Members (Employees/Dependants) to be insured :

Status	Aprox. (no.)	No. of Dependant (Spouse/ Child)	Total	Desired Benefit	Option (if any)
Managerial					
Office Executive					
Support Staff					
Other					

For Customized Plan – Details about desired benefits are required

Proposal to be address to :

Contact person for follow up :

Name	Designation	Tel./Mobile & Fax (if any)

For office use by Delta Life

Did we send a proposal earlier (last six months)

Yes

No

If yes, details

Dealing officer

Comments of HOD