

**Delta Life Insurance Company Limited**  
**Group Insurance Department**  
 "Proposal Request Form" - Group Life Insurance

Name of Organization :

Address & Tel. No. :

Nature of Business :

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

Job Nature of Members	Aprox. No.	Job Nature of Members	Aprox. No.
Director		Support Staff	
Manager		Manual Workers	
Office Executive		Others	

<b>Desired Scheme</b>	Basic (Pls. <input type="checkbox"/> )	Supplementary (Pls. <input type="checkbox"/> )		
	GT		ADB	
	GTR		PTD	
	GEN		PPD	
	Others:		MDB	
		AD&D		

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**