



RELIANCE INSURANCE LIMITED

HEALTH PLAN SCHEME PROPOSAL FOR PREMIUM QUOTE

Proposer Details	
Full Name and Address of the Proposer	
Nature of Business	
Existing Cover	Yes / No
Expiry Date of existing cover	Please mention the date when the policy is expiring
Present Insurer	
For How Many Years	Please mention the date of inception of 1st policy with any insurer
Name and Date of Birth of employees and their dependants	Please provide separately in a MS Excel format

Claim Details

Claims paid for last three years (for Proposer with existing Insurance coverage)				
Year	Number of Maternity Claim	Total Amount of Maternity Claim in Taka	Number of all other claims	Total Amount of all other Claim in Taka
2011				
2012				
2013				
Total				

