

CUSTOMER INFORMATION

Particulars

Company Name			
Contact Person		Designation	
Phone Nos.		City	
Current Insurer		Policy Expiry Date	
Medical Budget			

Relationship History

Branch (Karachi, Lahore, Islamabad, other.				
Sales Person / Business Development Officer				
Customer Type (Group/Non-group/New)				
Relationship (in Years)				
Class of Business	PREMIUM		CLAIMS	
Financial Year	2008-9	2009-10	2008-9	2009-10
Fire				
Motor				
Marine				
Miscellaneous				
Health Insurance Experience with Previous Insurer				

Scope of Policy

Per Annum Per Person	
Per Ailment Per Person	
Per Family	
Administration Basis	

Age Limits for Coverage

Benefit Type	Max. Age
Inpatient Medical Cover	
Extended Medical Cover/Dread Disease Cover	
Maternity Cover	

Coverage for Pre-Existing Condition

		Inpatient Medical Cover	Extended Medical Cover	Maternity Cover
Covered	Existing Lives			
	New Entrants			
Declared / Undeclared				

Number of Cases	
Type of Ailments	

- *Please provide list of persons to be insured along with details of their ailments and past claim figure with pre-existing conditions.*

Any other special Coverage/Service required

1. _____
2. _____
3. _____
4. _____

**DETAILS OF MEDICAL EXPENSES INCURRED
OVER THE PAST THREE YEARS**

Hospitalization

Year	Number of employees & dependents	Total Number of Cases	Total Expenses
2006 – 07			
2007 – 08			
2008 – 09			

Maternity

Year	Number of Married Females	Total Number of Maternity Cases	Total Expenses
2006 – 07			
2007 – 08			
2008 – 09			

Outpatient

Year	Total Investigation & Laboratory Expenses	Total GP and Specialist Consultation Expenses	Total Medication Expenses
2006 – 07			
2007 – 08			
2008 – 09			

Details of medical expenses (over Rs. 100,000)

Year	Number of employees & dependents	Total Number of Cases	Total Expenses
2006 – 07			
2007 – 08			
2008 – 09			

Details of chronic illnesses

Year	Number of employees & dependents	Total Number of Cases	Total Expenses
2006 – 07			
2007 – 08			
2008 – 09			

ILLUSTRATION

Categories	A Rs.	B Rs.	C Rs.	D Rs.
BENEFITS DESCRIPTION				
IN-PATIENT MEDICAL BENEFITS:				
<ul style="list-style-type: none"> • Room charges (sub-limit) per day • AKUH / Shifa Hospital, ISB. • Hospitalization Limit 	3,000	1,500	1,000	750
	100,000	75,000	50,000	25,000
MATERNITY BENEFITS (OPTIONAL):				
Normal Delivery	30,000	25,000	20,000	15,000
Caesarean	45,000	50,000	40,000	30,000
EXTENDED MEDICAL COVER (OPTIONAL):				
Cover for employees and spouses only	150,000	100,000	75,000	50,000
Limit for Covered person per annum				
OUT PATIENT TREATMENT (OPTIONAL):				
Annual Limit per family	10,000	8,500	7,000	5,000

Note: These limits have been assigned as an illustration. You can indicate any other limits to suit your requirements.

Category A – for executives

Category B – for senior managers

Category C – for middle managers

Category D – for others

BENEFIT TABLE

Categories	A Rs.	B Rs.	C Rs.	D Rs.
BENEFITS DESCRIPTION				
IN-PATIENT MEDICAL BENEFITS:				
<ul style="list-style-type: none"> • Room charges (sub-limit) per day • Hospitalization Limit 				
MATERNITY BENEFITS (OPTIONAL):				
Normal Delivery				
Caesarean				
EXTENDED MEDICAL COVER (OPTIONAL):				
Annual Limit available when Inpatient Medical Cover limit exhaust.				
OUT PATIENT TREATMENT (OPTIONAL):				
Annual Limit per family				

EMPLOYEES AND DEPENDANTS TO BE COVERED

Age band	Employees	Spouse	Children	Total
----------	-----------	--------	----------	-------

Category A

Up to 18 years				
18 – 25 years				
26 – 29 years				
30 – 34 years				
35 – 39 years				
40 – 44 years				
45 – 49 years				
50 – 54 years				
55 – 59 years				
60 and above				

Category B

Up to 18 years				
18 – 25 years				
26 – 29 years				
30 – 34 years				
35 – 39 years				
40 – 44 years				
45 – 49 years				
50 – 54 years				
55 – 59 years				
60 and above				

Category C

Up to 18 years				
18 – 25 years				
26 – 29 years				
30 – 34 years				
35 – 39 years				
40 – 44 years				
45 – 49 years				
50 – 54 years				
55 – 59 years				
60 and above				

Category D

Up to 18 years				
18 – 25 years				
26 – 29 years				
30 – 34 years				
35 – 39 years				
40 – 44 years				
45 – 49 years				
50 – 54 years				
55 – 59 years				
60 and above				

	Employees	Spouse	Children	Insured Lives
Total				

Quotation Submission Date/Time: _____