

Group Personal Accident Insurance Proposal Form

Name of Company			
Physical Address			
Postal Address			
Telephone Number		Fax Number	
Name of Contact Person			

Scheme Details

Proposed Name of Scheme	
Eligibility conditions	
Proposed Commencement Date	

Tick or complete to indicate your choice

Death Benefit Multiple of Salary Preferred	1X	2X	3X	OTHER
Benefit Options	Permanent Disability Lump Sum	Temporary Disability 1/52 nd weekly salary	Medical Costs	YES
	YES	YES	Indicate amount of annual medical benefit required	AMOUNT

Members who will participate in the group personal accident insurance scheme will be listed separately

Declaration

We hereby propose to set up a Group Personal Accident Insurance Scheme for our employees, as listed separately with, Alliance Insurance Corporation on the terms and conditions, based on the above information and which will be set out in the Policy to be issued by them.

Date of Proposal	
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Name of Authorised Signatory _____ Signature _____
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COMPANY STAMP</div>

Broker Details

Brokerage: _____ Broker Code: _____
Signature: _____