Shanta Life Insurance PLC
Shanta Western Tower, Level-10
186 Bir Uttam Mir Shawkat Sarak
Tejgaon I/A, Dhaka-1208, Bangladesh
info@shantalife.com

Request for Group Insurance Proposal and/or Rates

1. (a) Name of Organization: _____

   Contact Person Name: _____

   Designation: _____ Department: _____

   Contact Number: _____ Email: _____

   (b) Alternative Contact Person Name: _____

   Designation: _____ Department: _____

   Contact Number: _____ Email: _____

   (c) Address: _____

2. Industry Type:

3. Case Type: ☐ New ☐ Take Over

4. Tentative date of Commencement:

5. Maximum age Limit ..... Years

6. ☑ Group Term Life

   Additional Coverage(s) Desired

   ☐ Permanent Total Disabillity (PTD) ☐ Permanent Partial Disabillity (PPD) ☐ AD, APTD, APPD

   ☐ Accidental Medical Reimbursement (AMR) ☐ Critical illness (CI)

   Comprehensive Health Insurance Plan

   ☐ In-Patient Coverage (IPC) ☐ Maternity ☐ Out-Patient Coverage (OPC) General

   ☐ OPC Dental ☐ OPC Optical

7. Health Declaration

8. Name & Code of Shanta Life Financial Associate

9. Form Completed by Mr./Ms. _____ Designation _____

Signing Date _____

_____
Seal & Signature of Organization's Authorized Person

To be filled by Shanta Life's Representative

Name: _____ Mobile No.: _____