HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office : Babarmahal, G.P.O. Box 148, Kathmandu, Nepal
Phone No. 4231788, Fax : 4241517, Email : ktm@hgi.com.np

Branch Office:	**Birgunj**	**Biratnagar**	**Pokhara**	**Butwal**	**Durbarmarg**
	525366	**531848**	**532100**	**622315**	**423581**

GROUP HOSPITAL INCOME POLICY PROPOSAL

COMPANY NAME : _____

ADDRESS : _____

BUSINESS : _____

PERIOD OF INSURANCE : FROM _____ TO _____

1. PLEASE STATE CATEGORY OF EMPLOYEE TO BE COVERED BY EACH PLAN

PLAN	CATEGORY OF EMPLOYEE
A. Rs. 1000 PER DAY	_____
B. Rs. 2000 PER DAY	_____
C. Rs. 3000 PER DAY	_____
D. Rs. 5,000 PER DAY	_____

2. DO YOU REQUIRE OVERSEAS EXTENTION? _____
3. DO YOU REQUIRE RIOT & STRIKE EXTENTION? _____
4. WHAT IS YOUR TOTAL WORKFORCE? _____
5. DO YOU REQUIRED CONTRIBUTIONS FROM EMPLOYEES FOR HEALTH INSURANCE?

   A. EMPLOYEE ? _____

   B. EMPLOYEE & SPOUSE ? _____

   C. EMPLOYEE & FAMILY ? _____

DATED: _____ SIGNED: _____