

New Jubilee Insurance Company Limited

Accident & Health Division

QUOTATION REQUEST FORM

Dear Client,

Thank you for your interest in our **Jubilee Health Insurance Scheme**.

If the **number of employees or employees plus dependents** in your company is at least **25**, then we can provide group health insurance benefits to them.

In order to provide you with a quote, may we request you to kindly fill out the 03 sections of the form as under:

- In section 1-Provide brief information about the company.
- In section 2-Select types and amounts of benefits.
- In section 3-Fill in the census details of the employees/dependents to be covered.

Return this form duly filled out with any relevant details to:

Accident & Health Division
New Jubilee Insurance Company Limited
Jubilee Insurance House
I.I. Chundrigar Road
Karachi 74000

In case of further assistance on the Jubilee Health Insurance Scheme, do contact the New Business Underwriting Department, **Accident & Health Division** on PABX: (021) 241 6022 – 26 (Ext. 255, 205), Fax: (021) 242 5774, & 243 8738 or email: nadeem.irshad@nji.com.pk.

Yours truly,

For & on behalf of
Accident & Health Division
New Jubilee Insurance Company Ltd.

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(1) – BRIEF INFORMATION ABOUT THE COMPANY

Contact Person	
Designation	

Company			
Address			
Telephone No(s)			
Fax No(s)			
Type of business		Total Number Of Employees	

Would employees contribute towards the premium payment? Yes No Please tick (✓)

Do you have any health insurance policy? Yes No Please tick (✓)

OR

Any in- house medical scheme? Yes No Please tick (✓)

If the answer to the last 02 questions is in 'Yes', then please attach details of the medical scheme and claims history for the last three years. This would help us quote more competitive premium based on the experience of the group.

NJI USE ONLY

Branch Name	
Sales Officer Name	
Branch Client Code	
Agent Code	

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(2)- SELECT TYPE AND AMOUNTS OF BENEFITS

Please select the desired coverage and plans and also specify limits. See examples below:

COVERAGE / PLANS	Example	A	B	C
<p>HOSPITALIZATION EXPENSE BENEFITS: (CORE BENEFIT) (Requirement : At least 25 lives, eligible for this benefit) Range : 50,000 to 600,000 LIMIT PER ANNUM PER INSURED: Including Room & Board, Hospital / Surgical & Miscellaneous expenses, Some of the covered expenses are: <input checked="" type="checkbox"/> In-Hospital Consultations <input checked="" type="checkbox"/> Intensive Care Charges <input checked="" type="checkbox"/> Surgical Fees <input checked="" type="checkbox"/> Anaesthetist's Fee <input checked="" type="checkbox"/> Operating Theatre Charges <input checked="" type="checkbox"/> Prescribed Medicines Used During Hospitalization <input checked="" type="checkbox"/> Diagnostic Investigations <input checked="" type="checkbox"/> Blood and Oxygen Supplies <input checked="" type="checkbox"/> Ventilators and Allied Services <input checked="" type="checkbox"/> Kidney Dialysis /Chemotherapy & Radiotherapy for Cancer Treatment</p> <p><input checked="" type="checkbox"/> Daycare Surgeries & Certain Specialized Investigations as under: <input checked="" type="checkbox"/> MRI, CT Scan, Endoscopy, Angioplasty & Thallium Scan on an Outpatient Basis</p> <p><input checked="" type="checkbox"/> Pre & Post Hospitalization Expense Benefit: Pre & Post hospitalization limit is available for the following treatment, which is directly related to the cause of hospitalization in 30 days before & after. <input checked="" type="checkbox"/> Consultants fee in the follow up visits <input checked="" type="checkbox"/> Cost of medicines & supplies <input checked="" type="checkbox"/> Cost of Lab tests <input checked="" type="checkbox"/> Dressing charges and stitch removal</p> <p>Sub Limit: ROOM & BOARD Sub limit per day (This sub-limit is applicable to all other optional inpatient benefits)</p>	Rs. 100,000			
<p>MATERNITY EXPENSE BENEFIT (OPTIONAL): (Requirement : At least 10 lives, eligible for this benefit) Range : 7,500 to 75,000 Annual Limit For Pregnancy Related Hospitalization Expenses. Normal Cesarean (Automatic increase of limit by 50%)</p>	Rs. 2,500 Rs. 30,000 Rs. 45,000			
<p>OUT PATIENT EXPENSE BENEFIT (OPTIONAL): (Requirement : At least 100 lives, eligible for this benefit) Range : 6,000 to 30,000 Annual Limit Per Family.</p>	Rs. 10,000			

GUIDELINES

Distributing employees into different categories:

- Employers commonly group **Directors and Senior Executives** into one plan, **Middle Management** into another, **Supervisory Staff** into a third and **Clerical Staff** into a fourth.
- The Hospitalization Benefit is a compulsory/core benefit and can be reinforced through optional benefits, namely Maternity and Out Patient. You may opt for them depending on your existing medical policy or budget. Premiums for each benefit are quoted separately. The range of benefit limits available is indicated above.
- The number of plans as shown above is a suggestion only. You may put all the employees in one plan or distribute them into 2-5 plans, according to their **designations / salaries OR any other uniform criteria.**

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(3)- CENSUS DETAIL OF EMPLOYEES & DEPENDENTS TO BE COVERED

The **information regarding the employees** and their dependant spouses and children is required to be submitted as per the **format below**. *However, specific details* of each employee to be covered will be required later, through our **Health Questionnaire Forms**.

PLAN A

Age Band	No. of Employees	No. of Spouse	No. of Children
Up to 20 years			
20 – 24 years			
25 – 29 years			
30 – 34 years			
35 – 39 years			
40 – 44 years			
45 – 49 years			
50 – 54 years			
55 – 59 years			
TOTAL			

PLAN B

Age Band	No. of Employees	No. of Spouse	No. of Children
Up to 20 years			
20 – 24 years			
25 – 29 years			
30 – 34 years			
35 – 39 years			
40 – 44 years			
45 – 49 years			
50 – 54 years			
55 – 59 years			
TOTAL			

PLAN C

Age Band	No. of Employees	No. of Spouse	No. of Children
Up to 20 years			
20 – 24 years			
25 – 29 years			
30 – 34 years			
35 – 39 years			
40 – 44 years			
45 – 49 years			
50 – 54 years			
55 – 59 years			
TOTAL			