

GROUP LIFE PROPOSAL FORM

CORPORATE ENIPLOYER 3 PROPOSAL (To be completed by the employer or any authorised employee)
Name of Company: Address: Neture of Pusiness or Trade:
Nature of Business or Trade: Company Registration No.: Tel No.: Fax No.:
Subsidiaries (if any):
Eligible employees to be included under this Agreement:
- All the persons currently working for the company: Yes No
- If No please specify category/ries of Employees to be included:
- Are all employees actively at work and free from any disability or serious medical condition or disease, such as heart disease, stroke, cancer, mental illness, AIDS or any other medical condition that requires hospitilization?
If no, please give full details for every case (please submit an additional letter) - Please give Full Name and date of birth for every employee that will be included in the Group (please submit a list in an excel format)
Name of Authorised Employee/ Policy Administrator: Position: Tel No: Email:
Payment Frequency: Monthly Quarterly Semi – Annually Annually
Method of Payment: Cheque/Banker's Draft Direct Debit (Only for Annual payment) (Please attach)
Contract Language: Greek English
Please attach a copy of our quotation and state below the benefits and level of cover selected
DECLARATION
We hereby declare that the above particulars are true and that we have not withheld or concealed any material information and we hereby agree that this Proposal and Declaration shall be the basis of the Agreement Between us and Universal Life Insurance Public Company Limited and we are willing to accept a Policy subject to the terms, exceptions and conditions prescribed therein.
Date:
Employer's Signature Signature of Policy Administrator (To be signed by the employer or any authorised employee)
Effective Date of the Policy:
Notes:

The Liability if Universal Life does not commence until the proposal has been accepted and the first premium paid