

Company Information

Company Name:	
Registration Number:	Industry:
Address:	
Main Contact Person:	
Position / Job title:	Phone:
E-mail:	
Total number of employees:	Total number of employees to be insured:

Payment Option

<input type="checkbox"/>	One-time Off	INSTALMENT OPTION: First Instalment (35%) is due at commencement date. Second instalment (35%) is due in 3 months. Third instalment (30%) is due in 6 months. Note: 2% extra premium.
<input type="checkbox"/>	3 Instalments	

Rule of Inclusion

If all members are not covered under the same plan please describe what criteria is used to allocate employees and family members if applicable under different categories. (Grade, salary, years employee...etc). Additions and deletion of members during the policy year will follow these rules.

Category 1:
Category 2:
Category 3:
Category 4:
Category 5:
Category 6:
Category 7:

Confirmation of Participation

CONFIRMATION OF PARTICIPATION

The insurer will assume that participation of the group insurance programme is on compulsory basis unless otherwise stated. Please clarify if this is not the case. In other words, members are not enrolled on voluntary basis.

Selection of Coverage

Structure of the program	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6	Cat 7
No of Employees							
No of Lives (Family)							
Benefit Structure	Please select coverage plan: SILK; JADE; BRONZE; SILVER; GOLD; DIAMOND; LOTUS						
H & S Base Plan							
Please select options. Y = Yes; Blank = No							
Out-patient Care							
Preventative Care							
Dental Care							
Vision Care							
DME							
Co-pay Structure	A = 10% - 20% B = 0% - 20% C = 0% - 0%						
H & S Base Plan							
Out-patient Care							
Preventative Care							
Dental Care							
Vision Care							
DME							

Census

Provide by email to the sales representative an electronic file with all members showing details as follows:
 Family Name, First Name, Position/Job Title, Category, Date of Birth, Gender, Status (Employee/ Spouse/ Child)
 Employee number, Joining Date, and Department/ Entity.

Declaration

I / We hereby declare that, to the best of my / our knowledge and belief, the information given here is true and complete, and agrees that if a contract of insurance is effected, all information submitted in connection with this application shall form the basis of such contract between the Company and the Insurer. We further declare, where we have provided any personal data, we have the consent of the data owners to disclose such data to Forte Insurance (Cambodia) Plc or their representatives/agents for the purposes of furnishing quote(s) or estimate(s) for Group Insurance Policy.

Commencement Date: (DD/MM/YY)	
Name of authorized person:	Position/ Title:
Company stamp & Signature of Authorised Person	Date