Pak-Qatar Family Takaful Limited

PROPOSAL FORM (Group Health Takaful)

Please do not leave any blank, unanswered question, date and/or signature, wherever applicable

Today's date:	Reference No.:

1. GENERAL INFORMATION

Title of Company: (Please use Capital letters only)	
Nature of Business *(Please describe below)* :	Industry Class *(Select any one)*: ✍ **Class 1:** "White collar" staff involved in management and office duties. ✍ **Class 2:** Skilled "Blue collar" workers involved in light manual labour. ✍ **Class 3:** Semi-skilled "Blue collar" workers engaged in manual labour. ✍ **Class 4:** Unskilled "Blue collar" workers engaged in heavy manual labour without being exposed to an extraordinary health or accidental hazard.
Business Address: Address City Postal Code	
Contact Person:	Designation:

PABX Number:	Mobile Number:	Facsimile Number:

2. BASIS OF WORKING

a) Total number of employees working in your organization:	b) Numbers of employees Participating:	c) Employee Retirement Age:

d) What is the basis of Takaful Coverage?
- ✍ Compulsory to participate
- ✍ Non-Compulsory to participate
- ✍ Non-Contributory (Participant only)
- ✍ Contributory (Participant & Employee both)

e) For employees coverage above 60 years of age, please describe the following:
- ✍ Group Health Takaful Coverage not required.
- ✍ Group Health Takaful Coverage required on age-based rates, subject to individual risk assessment.

f) Takaful cover for newly joined employees in your organization shall commence (Please select any one criteria):
- ✍ Upon completion of probationary period or 30 days from joining or date of receipt of proposed member's detail, whichever is later.
- ✍ Immediate coverage upon joining as Full time permanent basis from joining date or date of receipt of proposed member's detail, whichever is later.

3. PAST YEARS CLAIM EXPERIENCE

a) Name of existing service provider:

b) For how many years they are associated and providing coverage?	c) Policy Start Date	d) Policy End date

e) Benefit opted and available:
- ✍ Hospital Care Benefit
- ✍ Major Medical Care
- ✍ Maternity Benefit
- ✍ Out-patient Benefit
- ✍ Corporate Pool Limit (ASO basis) for entire group

Policy Year	Total No's of lives Covered	Total No's of Hospitalization Claims	Total Amount of Hospitalization Claims	Total No's of Maternity Claims	Total Amount of Maternity Claims	Total Amount of Claims

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ELIGIBILITY CRITERIA

Please describe in detail e.g. Flat Takaful sum for all employees or 36 times salary or Employees earning Rs.50,000 and above etc.

Plan Category	Eligibility Description	Coverage required for
Category A		✍ Employees ✍ Spouses ✍ Children
Category B		✍ Employees ✍ Spouses ✍ Children
Category C		✍ Employees ✍ Spouses ✍ Children
Category D		✍ Employees ✍ Spouses ✍ Children

BENEFIT REQUIRED

TAKAFUL BENEFIT	Minimum Age at Entry	Maximum Age at Expiry	Exclusions
✍ Health Care Benefit (HCB)	✍ Immediately after birth ✍ 1st day after health discharge.	✍ 60 years ✍ 65 years	✍ Standard Exclusions clauses applicable. ✍ Waiver of PEC Exclusion Clause required. ✍ Waiver of Congenital Illness Exclusion Clause required.
✍ Major Medical Care Benefit (MMC)	✍ 1st day after health discharge.	✍ 60 years ✍ 65 years	✍ Standard Exclusions clauses applicable. ✍ Waiver of PEC Exclusion Clause required. ✍ Waiver of Congenital Illness Exclusion Clause required.
✍ Maternity Benefit (MB)	✍ 18 years	✍ 39 years ✍ 45 years	✍ Waiting period applicable. ✍ Waiver of Waiting period required.
✍ Corporate Limit (CL)	✍ 18 years	✍ 60 years ✍ 65 years	✍ As per Participant's requirement.

TAKAFUL SUM REQUIRED

BENEFIT	ROOM & BOARD LIMIT (PER DAY)	HOSPITAL CARE BENEFIT	MAJOR MEDICAL CARE	MATERNITY (NORMAL DELIVERY)	MATERNITY (COMPLICTED DELIVERY)
Category A Category B	Rs.				
Category C					
Category D					

SPECIAL INSTRUCTIONS

INTRODUCER'S DETIAL

	Name	PQFT Code	Comm. %	Signature with Date
Introducing Agent:	Name	PQFT Code	%	Commission %
Secondary Agent:	Name	PQFT Code	%	Commission %
Manager	Name	PQFT Code	%	Commission %