

## Initial Information required for Group Life Quotation

**Flat Sum Assured:** PKR  
**Salary Schedule:** PKR  
**Class Schedule:** PKR

Class / Category	Description	Amount To Be Covered
A		
B		
C		
D		
E		
F		
G		

### Employee Census

S.NO	Name Of Employee	Age/ Date Of Birth	Class	Designation	Monthly Salary	Amount Required

### Claim Experience For Life Insurance

Year	Total Sum Assured	No. Of Claims	Total No. of Persons covered	Amount
Last Year				
last but one				
Last but two				