

**MULTICARE INTERNATIONAL HEALTH PLAN  
PROPOSAL FORM**

**CORPORATE EMPLOYER'S PROPOSAL** (To be completed by the employer or any authorised employee)

Name of Company:.....

Address:.....

Nature of Business or Trade:.....

Company Registration No.:.....

Tel No.:.....Fax No. :.....

Subsidiaries (if any):.....

Total Number of Employees:.....Number of Employees to be insured:.....

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: .....

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  
(To be signed by the employer  
or any authorized employee)

.....  
Signature of Policy Administrator

Effective Date of the Policy:.....

Notes:

- The Liability of Universal Life does not commence until the Proposal has been accepted and the first premium paid