

ANNEXURE-1

ACCEPTANCE OF TERMS AND CONDITIONS IN LETTERHEAD OF COMPANY

I/We hereby agree to the terms and conditions given above.

Authorized Signatory: (Name & Designation)

Address of the Insurance Company with Telephone No.:

Place:

Date :

ANNEXURE-2

To
The State Mission Director (NHM),
NHM Building, General Hospital Jn., Thiruvananthapuram.

Sir,

As per your Notification NHM/4513/ADMIN6/2021/SPMSU dated, 06/12/2021 published in the www.arogyakeralam.gov.in and the terms and conditions published on your website we,.....

(Name of Insurance Company with Division or Branch / Name of Broker) quote below our Premium Rates ofInsurance Company Ltd. for renewal of the Group Health Insurance Policy for the period from One Year

Quotation for NHM Insurance Scheme

Premium rates for covering employees(Employee, Spouse and Dependent Children)

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 1	2 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 2	3 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 3	4 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 4	5 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Corporate Buffer	An Overall limit of Rs.50 lakhs should be released based on the approval from client	

We agree to the terms and conditions stipulated in your Notification and we attach herewith a duly signed copy of the terms and conditions in token of acceptance of the same.

Authorized Signatory: (Name & Designation)

Address of the Insurance Company with Telephone No.:

Place:

Date: