

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

Agent's Name: _____

GROUP INSURANCE EMPLOYEE DATA FORM

Agent's Acct: _____

Name of Company: _____

Address : _____

: _____

Contact No : _____ Policy No: _____

Period of Insurance: _____ to _____

Insurance Code

Term Assurance Major Medical

Living Benefit

Hospital & Surgical

Personal Accident

Employee's Name & Dependent Name	Sex	Date of Birth	NRIC / Birth Cert. No	Job Category / Occupation	Effective Date	TA	LB	HS		PA				MM
								Plan	Family Code	ABC	D	E	F	

Signature: _____

Company Stamp: _____

Date: _____

Remark
 ABC = Accidental Death & Permanent Disablement
 D = Temporary Disablement
 E = Temporary Partial Disablement
 F = Medical Expenses

Family Code
 M = Member Only
 MS = Member & Spouse
 MC = Member & Children
 MF = Member & Family

Group Personal Accident Specification
 Group Size = Minimum 5 persons
 Age Range = 16 – 60 exacts age for new Biz & up to age 65 for renewal
 Min. Sum Assured: ABC - RM10000 per accident per unit
 D - RM100 per week
 E - RM50 per week
 F - RM1000 per accident