

कानून, न्याय तथा संसदीय मामिला मन्त्रालय, सिंहदरवार,
 प्रत्यायोजित विधायनको प्रकृति : मार्गदर्शन
 दर्ता नं: २/०८१
 दर्ता मिति: २०८२/१२/१२

जीवन बीमकको घातक रोग पूरक करार सम्बन्धी मार्गदर्शन, २०८१

प्रस्तावना: बीमकले जारी गर्ने घातक रोग सम्बन्धी पूरक करारलाई व्यवस्थित गरी एकरूपता कायम गर्न वाञ्छनीय भएकोले,

बीमा ऐन, २०७९ को दफा १६६ ले दिएको अधिकार प्रयोग गरी नेपाल बीमा प्राधिकरणले यो मार्गदर्शन जारी गरेको छ।

परिच्छेद-१

प्रारम्भिक

१. **संक्षिप्त नाम र प्रारम्भ:** (१) यस मार्गदर्शनको नाम “घातक रोग पूरक करार सम्बन्धी मार्गदर्शन, २०८१” रहेको छ।

(२) यो मार्गदर्शन तुरुन्त प्रारम्भ हुनेछ।

२. **परिभाषा:** विषय वा प्रसङ्गले अर्को अर्थ नलागेमा यस मार्गदर्शनमा,-

- (क) “ऐन” भन्नाले बीमा ऐन, २०७९ सम्झनु पर्छ।
- (ख) “घातक रोग” भन्नाले अनुसूची-१ मा उल्लेख भएको रोगहरू सम्झनु पर्छ।
- (ग) “चिकित्सक” भन्नाले मान्यता प्राप्त शिक्षण संस्थाबाट आधुनिक चिकित्सा प्रणाली अन्तर्गत चिकित्सा शास्त्रमा स्नातक उपाधि प्राप्त गरी नेपाल मेडिकल काउन्सिलमा दर्ता भई चिकित्सा सम्बन्धी व्यवसायमा संलग्न भएको व्यक्ति सम्झनु पर्छ।
- (घ) “विशेषज्ञ चिकित्सक” भन्नाले सम्बन्धित विषयमा मान्यता प्राप्त शिक्षण संस्थाबाट स्नातकोत्तर उपाधी डिग्री, डिप्लोमा प्राप्त गरेको एवं तोकिए बमोजिमको विशेषज्ञ तालीम प्राप्त गरी सम्बन्धित व्यवसायमा लागेको चिकित्सक सम्झनु पर्छ।
- (ङ) “पूरक करार” भन्नाले बीमालेखको अभिन्न अंगको रूपमा रहने गरी जारी गरिने मूल बीमालेखमा उल्लेखित लाभको अतिरिक्त थप बीमाशुल्क भुक्तानी गरी जोखिम रक्षावरण गर्ने प्रयोजनको लागि जारी गरिने पूरक करारनामा सम्झनु पर्छ।
- (च) “प्रतिक्षा अवधि” भन्नाले बीमालेख जारी भई सकेपश्चात जोखिम प्रारम्भ हुनु अघिसम्मको दफा ८ बमोजिमको अवधि सम्झनु पर्छ।
- (छ) “प्राधिकरण” भन्नाले बीमा ऐन, २०७९ को दफा ३ बमोजिमको नेपाल बीमा प्राधिकरण सम्झनु पर्छ।
- (ज) “बीमक” भन्नाले बीमा ऐन, २०७९ बमोजिम जीवन बीमा व्यवसाय गर्न इजाजतपत्र प्राप्त बीमा कम्पनी सम्झनु पर्छ।
- (झ) “बीमालेख” भन्नाले बीमकले कुनै पनि जोखिम स्वीकार गरी बीमितलाई जारी गरेको बीमाको लिखत सम्झनु पर्छ।
- (ञ) “बीमा शुल्क” भन्नाले बीमा व्यवसाय गरे वापत बीमितबाट एकमुष्ट वा किस्ताबन्दी रूपमा बीमकले लिने रकम सम्झनु पर्छ।

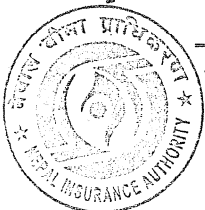


- (ट) “बीमित” भन्नाले बीमा गर्ने व्यक्ति सम्झनु पर्छ र सो शब्दले बीमालेखबाट लाभ लिन पाउने अधिकार भएको व्यक्तिलाई समेत जनाउँछ ।
- (ठ) “सिफारिस समिति” भन्नाले दफा ९ बमोजिम गठन भएको सिफारिस समिति सम्झनु पर्छ।

परिच्छेद-२

घातक रोग पूरक करार

३. जोखिमाङ्कन गर्नु पर्ने: (१) बीमकले घातक रोग पूरक करार जारी गर्नु अघि पर्याप्त जोखिमाङ्कन गर्नु पर्नेछ।
- (२) उपदफा (१) बमोजिम जोखिमाङ्कन गर्दा न्यूनतम बीमितको विगतको स्वास्थ्य सम्बन्धी रिपोर्ट, वर्तमान स्वास्थ्य अवस्था, जीवन शैली लगायतका विषयलाई आधार मानी गर्नु पर्नेछ।
- (३) यस दफा बमोजिम पूरक करार जारी गर्दा पर्याप्त पुनर्बीमाको व्यवस्था गर्नु पर्नेछ ।
४. पूरक करार तयार गर्नु पर्ने: (१) बीमकले अनुसूची-१ मा उल्लेख भए बमोजिमका घातक रोग समावेश गरी पूरक करार तयार गर्न सक्नेछ।
- (२) उपदफा (१) बमोजिम पूरक करार तयार गर्दा बीमकले कम्तीमा देहायका दशवटा रोगहरू अनिवार्य रूपमा समावेश गर्नु पर्नेछ:-
- (क) Cancer of specified severity
 - (ख) Kidney failure
 - (ग) Cardiovascular Diseases
 - (घ) Stroke
 - (ङ) Major Organ Transplant
 - (च) ENT diseases
 - (छ) Major Burn
 - (ज) Liver disease
 - (झ) Benign Brain and spinal tumors
 - (ञ) Blindness
५. स्वीकृत पूरक करार जारी गर्नु पर्ने : (१) बीमकले दफा ४ बमोजिम तयार गरेको घातक रोग पूरक करार स्वीकृतिको लागि प्राधिकरणमा पेश गर्नु पर्नेछ।
- (२) उपदफा (१) बमोजिम जारी भएको पूरक करारको विवरण बीमकले अनुसूची-२ को ढाँचामा अद्यावधिक गरी राख्नु पर्नेछ।
- (३) बीमकले उपदफा (२) बमोजिमको विवरण प्रत्येक वर्ष, आर्थिक वर्ष समाप्त भएको मितिले एक महिना भित्रमा प्राधिकरणमा पेश गर्नु पर्नेछ।
६. बीमाङ्क र बीमा शुल्क: (१) बीमकले घातक रोग पूरक करारको बीमाङ्क रकम अधिकतम एक करोड रूपैयासम्म कायम गर्न सक्नेछ।



(२) प्रत्येक पूरक करारको अधिकतम बीमाङ्क रकम बीमालेखको बीमाङ्क रकम भन्दा बढी नहुने गरी कायम गर्नु पर्नेछ।

(३) बीमा शुल्क रकम बीमाङ्किले तयार गरेको प्राविधिक टिप्पणीमा उल्लेख भए बमोजिम हुनेछ।

स्पष्टीकरण: यस उपनियमको प्रयोजनको लागि “बीमाङ्की” भन्नाले बीमकको सम्पत्ति तथा दायित्वको मूल्याङ्कन गर्नका लागि मान्यताप्राप्त संस्थाबाट बीमाङ्कीको उपाधि हासिल गरेको व्यक्ति सम्झनु पर्छ।

७. **दावी भुक्तानी:** (१) घातक रोग अन्तर्गत दावी गर्दा विशेषज्ञ चिकित्सकद्वारा अनुसूची-१ बमोजिमको घातक रोग हो भनी प्रामाणित गरेको कागजात बीमक समक्ष पेश गर्नु पर्नेछ।

(२) विशेषज्ञ चिकित्सक उपलब्ध नभएको अवस्थामा चिकित्सक मार्फत सिफारिस गरिएको कागजात पेश गर्नु पर्नेछ।

(३) उपदफा (१) र (२) बमोजिम पेश भएको कागजात सम्बन्धमा थप जाँचबुझ गर्नु पर्ने भएमा सम्बन्धित रोगको विशेषज्ञ चिकित्सक मार्फत बीमकले आफ्नै खर्चमा जाँचबुझ गराउन सक्नेछ।

(४) यस दफा बमोजिम घातक रोग प्रमाणित भए पश्चात बीमकले पूरक करार बमोजिमको एकमुष्ट बीमाङ्क रकम दावी भुक्तानी गर्नु पर्नेछ।

(५) दावी भुक्तानी सम्बन्धी अन्य प्रक्रिया प्राधिकरणबाट जारी भएको बीमा दावी भुक्तानी मार्गदर्शन बमोजिम हुनेछ।

८. **प्रतिक्षा अवधि:** (१) बीमकले न्यूनतम तीस दिन र अधिकतम नब्बे दिनको प्रतिक्षा अवधि राखी बीमालेख जारी गर्न सक्नेछ।

(२) उपदफा (१) बमोजिमको प्रतिक्षा अवधि समाप्त भएपश्चात जोखिम प्रारम्भ हुनेछ।

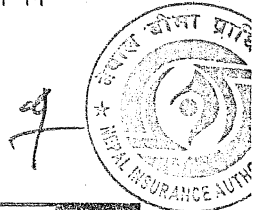
परिच्छेद-३

समितिको गठन, काम, कर्तव्य र अधिकार

९. **सिफारिस समितिको गठन:** (१) घातक रोगसँग सम्बन्धित विषयमा प्राधिकरणलाई सिफारिस गर्न देहाय बमोजिमको एक सिफारिस समिति रहनेछ:-

| | |
|---|-------------|
| (क) सम्बन्धित विभागको निर्देशक, बीमा प्राधिकरण | -संयोजक |
| (ख) प्रतिनिधि, नेपाल मेडिकल काउन्सिल | -सदस्य |
| (ग) प्रतिनिधि, जीवन बीमक संघ | -सदस्य |
| (घ) प्रतिनिधि, नेपाल स्वास्थ्य अनुसन्धान परिषद् | -सदस्य |
| (ङ) सम्बन्धित शाखाको उपनिर्देशक, बीमा प्राधिकरण | -सदस्य सचिव |

(२) समितिको बैठकमा आवश्यकता अनुसार सम्बन्धित विषयको विशेषज्ञलाई आमन्त्रित गर्न सक्नेछ।



(३) समितिको बैठक सञ्चालन सम्बन्धी कार्यविधि समिति आफैले निर्धारण गरे. बमोजिम हुनेछ।

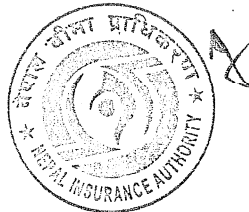
१०. समितिको काम कर्तव्य र अधिकार : समितिको काम, कर्तव्य र अधिकार देहाय बमोजिम हुनेछ:-

- (क) घातक रोगहरूको वर्गीकरण गरी प्राधिकरण समक्ष सिफारिस गर्ने,
- (ख) घातक रोगहरूसँग सम्बन्धित विवरण अद्यावधिक गर्ने,
- (ग) घातक रोगसँग सम्बन्धित विषयमा प्राधिकरणलाई आवश्यक राय सुझाव दिने,
- (घ) मार्गदर्शनको कार्यान्वयनको सिलसिलामा आइपरेको समस्या समाधान गर्ने उपाय उल्लेख गरी प्राधिकरण समक्ष सिफारिस गर्ने,
- (ङ) घातक रोगको बीमाको प्रभावकारिता बारे समय समयमा समीक्षा गरी सो को जानकारी प्राधिकरणमा गर्ने,
- (च) प्राधिकरणले तोकेको अन्य आवश्यक कार्य गर्ने।

परिच्छेद-४

विविध

११. प्रचलित कानून लागू हुने : यस मार्गदर्शनमा उल्लेख भएका विषय प्रचलित कानूनसँग बाझिएमा बाझिएको हदसम्म अमान्य भई प्रचलित कानून लागू हुनेछ।
१२. अनुसूचीमा हेरफेर गर्न सक्ने : प्राधिकरणको अध्यक्षले अनुसूचीमा आवश्यक हेरफेर तथा थपघट गर्न सक्नेछ।



अनुसूची-१
(मार्गदर्शनको दफा ४ को उपदफा (१) सँग सम्बन्धित)
घातक रोगहरु

Definition of Critical Illness (Severe Insurable Diseases) for the purposes of this Policy and the determination of the Company's liability under it, a Critical Illness shall mean one of the following suffered or undertaken by the Insured as long as it is shown in the schedule to be an operative event.

1. **CANCER OF SPECIFIED SEVERITY:** A malignant tumors characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma, sarcoma, and multiple myeloma.

The following are excluded:

- a. Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN1, CIN -2 & CIN-3.
 - b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T1N0M0.
 - c. Chronic lymphocytic leukemia less than RAI stage 3
 - d. Microcarcinoma of the bladder
 - e. All tumors of Thyroid histologically classified as T1N0M0 (TNM classification)
 - f. All tumor of Urinary Bladder histologically classified as T1N0M0 (TNM classification)
 - g. All tumors in the presence of HIV infection
2. **Kidney failure**
 - a. Acute Kidney injury requiring renal Replacement Therapy (Hemodialysis, Peritoneal Dialysis or CRT)
 - b. Acute Glomerular Disease needing Immunosuppressive Therapy (a kidney biopsy must have been performed to prove it unless a certified nephrologist states it was too risky to do a biopsy or was unnecessary to prove the diagnosis of glomerular disease)



- c. Chronic Kidney Diseases Stage 4 or above with construction of access for renal replacement therapy (AV fistula, AV graft, PD catheter insertion, Permanent catheter) on advice of a nephrologist
- d. Chronic Kidney Disease stage 5 on maintenance hemodialysis, peritoneal dialysis or undergo a kidney transplantation.

3. Cardiovascular Diseases

- a. Acute Coronary Syndrome: That includes Acute Myocardial infarction. (ST Elevation Myocardial Infarction, Non-ST segment elevation MI (NSTEMI), Unstable Angina)
- b. Coronary Artery Bypass Graft (CABG): The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a Cardiologist/Cardiac Surgeon.
- c. Heart Valve Surgery: The actual undergoing of open-heart surgery to replace or repair cardiac valve as a consequences of heart valve defect or abnormalities. That also include valve replacement or valve repair through trans-venous or intra-arterial procedure or keyhole surgery.
- d. Surgery to Aorta: The actual undergoing of surgery via thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of aorta, dissection of aorta. For the definition, aorta shall mean the thoracic and abdominal aorta but not for branches. That also includes any other intra-arterial or catheter-based intervention.
- e. Severe Coronary Artery Disease: Significant CAD with $\geq 50\%$ narrowing of the diameter of the lumen of the left main coronary artery or $\geq 70\%$ narrowing of the diameter of the lumen of the left anterior descending coronary artery, left circumflex artery or right coronary artery proven by invasive coronary angiography.
- f. Cardiomyopathy: Diagnosis of Cardiomyopathy with functional class of New York Heart association Class II, III and IV symptoms. The diagnosis confirmed by cardiologist.
- g. Heart Block requiring Permanent Pacemaker
- h. Heart Failure Patient requiring intracardiac defibrillator and cardiac resynchronization therapy.
- i. Acute limb Ischemia requiring intervention/surgery.



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4. Major Organ Transplant:

The actual undergoing of a transplant of:

- a. One of the following human organs: Heart, Lung, Liver, Kidney, Pancreas that resulted from irreversible end-stage failure of the relevant organ, or
- b. Human hematopoietic stem cells or bone marrow transplant.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

5. Hematological Disorder:

- a. Aplastic Anemia Requiring blood transfusion or marrow stimulating agents or immunosuppressive agents or bone marrow transplantation.
- b. Thalassemia and Sickle cell Disease requiring blood transfusion.

6. Stroke:

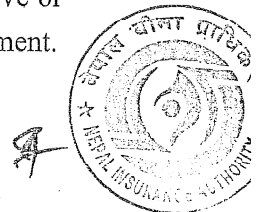
- a. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage, and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain.
- b. Ischemic stroke: That require thrombolysis or thrombectomy or ICU admission or decompressive therapy or persistent neurological deficit.
- c. Intracranial hemorrhage: Requiring ICU admission.
- d. Sub Arachnoid hemorrhage: Non traumatic SAH.

7. Benign Brain and spinal tumor:

A benign intracranial or spinal tumor which has to undergo surgical removal or, if inoperable has caused permanent neurological deficit certified by a neurologist/ neuro-surgeon/ spinal surgeon.

8. Dementia: Cases of Alzheimer's disease, frontotemporal dementia, dementia due to irreversible organic brain disorders. The diagnosis was clinically confirmed by neurologist.

9. Meningitis and Encephalitis: Caused by bacterial, viral, fungal, or other infective or autoimmune etiology requiring ICU admission or permanent functional impairment.



10. Motor Neuron Disease (MND): A definite diagnosis of MND by a neurologist either clinically or with EMG criteria with reference either to Amyotrophic lateral sclerosis, progressive muscular atrophy, primary lateral sclerosis, spinal muscular atrophy, or bulbar onset.
11. Muscular dystrophy: The definitive diagnosis of a muscular dystrophy by neurologist with clinical features, characteristics of nerve conduction velocity (NCV)/ Electromyogram (EMG), with or without biopsy, with or without Genetic testing.
12. Multiple Sclerosis/NMO spectrum disorder: Diagnosed Case of multiple sclerosis or NMO spectrum disorder fulfilling diagnostic criteria after evaluation by neurologist.
13. Parkinson's Diseases:
- Case of idiopathic Parkinson's disease requiring medical treatment, requiring deep brain stimulation if medical treatment has failed
 - Case of atypical Parkinsonism
14. Epilepsy: Diagnosed case of Epilepsy or epilepsy syndrome due to any infection/structural/genetic/autoimmune/inflammatory/ neoplastic causes
- Requiring epilepsy surgery in case of refractory epilepsy (Defined as epilepsy presenting beyond 2 years and not controlled by appropriately chosen two anti-seizure medications)
 - Any Patient presenting as status epileptics requiring ICU admission.
15. ENT diseases
- Deafness:
Total and irreversible loss of hearing in Unilateral or bilateral ear as a result of sickness or accident. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.
 - Complications of ear disease (Acute and Chronic Otitis Media) leading to - Meningitis or Brain Abscess or Extradural Abscess or Subdural Abscess or Neurological complications leading to permanent neurological deficit or labyrinthitis leading to permanent severe hearing loss and Permanent Facial Nerve Palsy HB of Grade 3 and above.
 - Complications of Nose and paranasal Sinuses Diseases (Acute and Chronic Rhino sinusitis) with Orbital Complications leading to vision loss or Neurological complications leading to permanent neurological deficit
 - Laryngotracheal (laryngeal or tracheal or combined) Stenosis with Tracheostomy dependent



16. Loss of speech: Illness or accident to vocal cords leading to permanent dysphonia (change in voice) or Aphonia (total loss of speech).

17. Major Burn:

- a. Burn injury second degree and third degree involving 20 % TBSA (Total body Surface Area) and 10 percent in children below 14 years and old age above 60 years.
- b. Burn injury with inhalational injury.
- c. Burn injury complicated by major trauma (burns with fracture of limbs, thoracic or abdominal visceral l injury, head injury.
- d. Circumferential burn comprising respiration or limb perfusion.
- e. Chemical injury 3rd degree more than 5% or chemical burn disfiguring to face.
- f. High voltage electrical injury and lightening injury complicated with cardiac arrhythmias, major internal organ damage, and compartment syndrome of the limb requiring fasciotomy or gangrene of the limb requiring amputation
- g. Any burns with co-existing medical comorbidities like COPD, Diabetes mellitus and heart disease.
- h. Any burn injury requiring multiple reconstructive procedure e.g. nerve reconstruction, tendon reconstruction, flap surgery.
- i. Burn injury requiring immediate surgical intervention like escharotomy and fasciotomy (due to compromised circulation in the limb and respiratory compromise in the chest) or tracheostomy (due to respiratory compromise).

18. Blindness: Permanent and irreversible loss of sight as a result of accident or illness to extend that even when tested with the usual of visual aid with visual acuity is 20/200 (or 6/60) or less in both eyes after correction, and/or a visual field of 20 degrees or narrower and the result certified by an ophthalmologist.

19. Liver disease:

- a. End stage liver disease resulting in cirrhosis and evidenced by any of the following criteria: a) Jaundice. b) Ascites. c) Encephalopathy. d) Portal hypertension. Liver disease secondary to alcohol is excluded.
- b. Fulminant Hepatitis: Clinical syndrome of severe liver function impairment, which causes hepatic coma and the decrease in synthesizing capacity of liver



and develops within eight weeks of the onset of hepatitis. Fulminant Hepatitis caused by Viral infections and drugs will also be covered.

20. Gastrointestinal Diseases:

- a. Moderately severe acute pancreatitis which is characterized by transient organ failure (resolves within 48 hrs.) and /or local or systemic complication without persistent organ failure (> 48 hrs.)
- b. Severe acute pancreatitis which is characterized by persistent organ failure that may involve one or multiple organs.
- c. Ulcerative colitis and Crohns Disease that require ICU admission or immunosuppressive therapy or invasive treatment or surgical treatment.

21. Major Trauma:

- a. Traumatic Brain injury requiring ICU admission or Surgery or permanent neurological deficit.
- b. Traumatic Spine surgery requiring surgery or resulting in neurological deficit.
- c. Major Trauma requiring surgery or intervention or ICU admission.

22. Coma: A state of unconsciousness with no reaction to external stimuli or internal needs, requiring the use of life support systems and resulting in permanent neurological deficit with persistent symptoms confirmed by physician/ neurologist/critical care specialist.

23. Terminal Illness: The conclusive diagnosis of a condition that is expected to result in death of life assured within 12 months. The diagnosis supported by written confirmation from specialist medical practitioner.

24. End Stage Lung Disease: End Stage Lung Disease Causing Chronic Respiratory failure with need of oxygen on permanent basis, MMRC breathlessness scale 2 to 4.

25. Paralysis of the Limbs: Total, permanent, and irreversible loss of use of both arms or both legs or one arm and one leg through paralysis caused by illness or injury.

26. Primary Pulmonary artery hypertension: The diagnosis of Primary PAH by Cardiologist/ Chest Specialist with NYHA class II, III or IV symptoms.

27. Loss of Independent existence: Confirmation by appropriate specialist for loss of independence existence and resulting in permanent inability to perform activities.

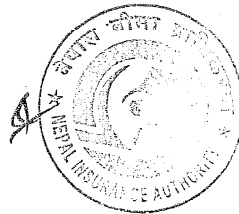
28. Any Patients requiring ICU admission with any of the following:



- a. GCS \leq 10 in patients with stroke, Multiple sclerosis, Motor Neuron Disease, Post-Operative surgical patient, Spinal Cord Injury.
- b. Acute Respiratory Failure (PO₂ < 55 mm hg)
- c. Acute Coronary Syndrome,
- d. Acute Pulmonary Embolism,
- e. Acute Pulmonary Edema
- f. Acute Liver Failure
- g. UGI bleeding
- h. Acute severe Pancreatitis
- i. Steven Johnsons syndrome / Toxic Epidermal Necrolysis
- j. Amniotic Fluid Embolism, Preeclampsia, cortical venous thrombosis

29: Rheumatology:

- a. Rheumatoid arthritis (RA) with Major Extra articular manifestations (Vasculitis, ILD, PAH, Nephritis, Amyloidosis) requiring hospital admission.
- b. Deforming RA who requires biological agents
- c. RA with secondary osteoarthritis
- d. Major organ SLE (organ or life threatening)
- e. ANCA associated Vasculitis (organ or life threatening)
- f. Monogenic Rheumatic Diseases
- g. ILD secondary to RA, Scleroderma, SLE



अनुसूची - २
(मार्गदर्शनको दफा ५ को उपदफा (३) सँग सम्बन्धित)
पूरक करारको वार्षिक विवरण

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