

# SME Employee Benefit (Packaged)



**American Life Insurance Company**  
 (Incorporated in USA, Nepal Regn. No. 6/062/063)  
 Narayani Complex, Pulchowk  
 G.P.O Box: 11590, Kathmandu, Nepal  
 Tel: (977-1) 5555166, Fax: (977-1) 5555173  
 E-Mail: service-nepal@metlife.com.np

## Census & Premium Calculation Form

SN	Employee's Name	Gender	Date of Birth	Employee's Designation	Monthly Salary	Occ. Class	Package	Age	Main Benefit	Optional Benefit	Total Yearly Premium(Rs.)
									LIFE, AD&D PTD, AMR, AWI, IHI (A&S)	CI	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
<b>Total Payable Annual Premium (For..... Employees)</b>											

IN WORDS Rs. \_\_\_\_\_

For Insurance Company's use only
Name of Agent:
Agent's Code:
Agency:
Agent's Signature:

\_\_\_\_\_  
**Seal & Signature of Applicant Company's Representative**  
**Name:**  
**Title:**  
**Date:**