Health Insurance Plan Agreement / Contract

Issued Insurance Plan ID CL1

Issued Customer /Company ID CUST01022310

Date of Plan issue 15-February-2023 03:19 PM

Plan target participants 1

Total number of family members 2

Total cover 115

Insurance Holder Agreement Sign

Health Department Signature / Stamp

User: Browser: Date: 15th February 2023 Time: 15:19:51