

[6] INSURED PERSONS, BENEFITS AND SUMS INSURED

Note: Only one of questions 5, 6, or 7 should be completed. The shaded rows are for office use only.

1	NAME OF INSURED PERSON(S)				
2	AGE				
3	OCCUPATION				
4	ANNUAL INCOME				
	COVER REQUIRED AND SUM INSURED				
5	BENEFIT 1 ONLY (Sum Insured)				
6	BENEFIT 1-7 ONLY (Sum Insured)				
7	BENEFIT 1-26 ONLY (Sum Insured)				
8	BENEFIT 27 (Weekly Rate)				
9	BENEFIT 28 (Weekly Rate)				
10	BENEFIT 29 (Weekly Rate)				
	ANNUAL PREMIUM				

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