



Jiban bima corporation

(Only state owned life insurance company of Bangladesh)

Head office: 24, Motijhel C/A Dhaka-1000

Telephone: 02-223385720, PBAX: 02-223381423 Fax: 02-223381825

Post box no-345,625, G.P.O. Fhaka, E-mail:info@jbc.gov.bd, website: www.jbc.gov.bd

(HEALTH INSURANCE CLAIM FORM)

GROUP HEALTH INSURANCE DEPARTMENT

CLAIM INTIMATION FORM

(Please Use Block letter all through)

1. Name of Organization		Employee ID:	
2. Name of Employee :		Mobile No.	
3. Designation :	4. Branch/Sales/Cor/Reg/Div/Dept:		
5. Name of Patient :			
6. Relation with Employee	Father	Mother	Husband Wife Son Daughter
7. Date of Admission:	8. Membership No. :		
9. Name of Hospital :			
Address :			
Telephone No.	10. Cabin/Bed No.		
11. Name of Doctor :			
12. Nature of Illness :			
13. Treatment Advised : Surgical Conservative Others			

Signature of Member/Employee with date

Signature of Department/Regional/Corporate/Sales incharge of
Jiban Bima Corporation with date

NB. Please send this information directly to JBC by Mail before or at the time of admission to a hospital/clinic and send original copy to head office via post.