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# Annex 3 - Monthly Insurance Cost

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| --- | --- | --- | --- | --- | --- |
| Employee | Date of Birth | Gender | Medical Coverage Insurance - Price (monthly) Class A | Medical Coverage Insurance - Price (monthly) Class B | Workmen Compensation - Price (monthly) |
| A | 29/05/1981 | Male |  |  |  |
| B | 27/10/1987 | Male |  |  |  |
| C | 12/05/1998 | Female |  |  |  |
| D | 01/02/1997 | Male |  |  |  |
| E |  |  |  |  |  |
|  |  |  |  |  |  |

Note: Company should provide detailed pricing list for every single 'service'.

Stamp & date:

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