

Company Insurance Submission

Submission ID:
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Field	Value
Company Name	Medicare
Industry Type	healthcare
Number of Employees Seeking Coverage	85
Preferred Coverage Start Date	2025-07-14
Budget Range (Per Employee, Per Month)	100_to_200
Existing Insurance Provider (if any)	None
Contact Person Name	CeeJay
Contact Email	chukwuonyejustice74@gmail.com
Contact Phone Number	08137718738
Company Address	Kigali, Rwanda
Registration Number	9409302
Years in Operation	5

Field	Value
Annual Revenue	1000000
Employee Categories	Manager
Previous Claims History	No
Risk Assessment Details	Yeah
Safety Protocols	Yes
Compliance Certifications	Yes
Coverage Type	health_dental
Coverage Amount	500,000 - 1,000,000 RWF
Policy Duration	2_years
Deductible Amount	4999
Additional Benefits	None
Special Requirements	None

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For inquiries, please contact our customer service team.

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