

# Individual Insurance Submission

Submission ID:  
b6fe8d96-38b1-479a-a601-276d9ec34bea

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Field	Value
Full Name	CeeJay
Age	33
Phone Number	08137717783
Email	chukwuonyejustice74@gmail.com
Location	Rwanda
Occupation	finance
Monthly Income Range	500000_1000000
Number Of Dependents	748
Existing Medical Conditions	asthma
Regular Medications	5_plus_medications
Frequency of Hospital Visits	frequently
Preferred Hospitals	['Masaka Hospital', 'Rwamagana Hospital', 'Murunda Hospital', None]
Family Medical History	['Hypertension', 'Thalassemia', 'Bipolar', None]
Preferred Monthly Premium Range	500-1000
Priority	Low cost

Field	Value
Specific Coverage Needs	Full outpatient + inpatient
Preferred Payment Frequency	Quarterly
International Coverage Needs	Yes
Current Insurance	uap
Past Insurance Claims	no
Maternity Coverage Needs	basic
Emergency Services Priority	medium
Preferred Mode of Healthcare	international

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