

Title: Health Insurance Policy Agreement

Parties:

Insurer: [Insurance Company Name], [Company Address]

Insured: [Policyholder's Name], [Policyholder's Address]

Policy Number: [Unique Policy Number]

Effective Date: [Start Date]

1. Coverage Details:

Coverage Type: Comprehensive Health Insurance

Coverage Limit: \$500,000

Deductible: \$1,000 per annum

2. Premium Payment Terms:

Annual Premium: \$5,000

Payment Frequency: Quarterly

Payment Due Date: [Due Dates]

3. Policy Term and Renewal:

Policy Term: 1 Year

Renewal Conditions: Automatic renewal unless cancelled in writing 30 days prior to expiration.

4. Exclusions:

Pre-existing Conditions: Not covered within the first 12 months.

Cosmetic Procedures: Not covered.

5. Claims Process:

Notice of Claim: Must be submitted within 30 days of the event.

Required Documentation: Medical reports, receipts, etc.

6. Termination Clause:

The policy can be terminated by the Insurer for non-payment of premiums or fraud.

The Insured may cancel the policy with 30 days' written notice.

7. Governing Law:

This policy is governed by the laws of [State/Country].

8. Amendments:

Any changes to this policy must be agreed upon in writing by both parties.

Signatures:

Insurer: _____

Insured: _____