

ADDITION FORM

(Health Insurance Declaration)

PRAL HQ – 2nd Floor, Software Technology Park, Service Road (North), Sector I-9/3, Islamabad.

To be filled by the Employee

Employee Name:	_____	S/o, D/o, W/o	_____
Designation:	_____	Folio No:	_____
Category:	_____		
Place of Posting	_____		
Date of Birth:	_____	Sex (M/F)	_____
Marital Status:	_____	CNIC #	_____
Blood Group:	_____	Emergency Phone No:	_____
Date of Joining:	_____.		

DEPENDENTS DETAIL

Note:

- i) CNIC number is mandatory for individuals above 18 years.
- ii) Birth Certificate(Hosp/Union Council/NADRA) required for addition of new born baby.
- iii) Copy of Nikah Nama is required for addition of spouse.

SR.#	NAME OF DEPENDENT	RELATION	DOB	CNIC NO.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

DECLARATION:

I _____ S/o, D/o, W/o _____ do, hereby, solemnly affirm that all the information provided by me is true and correct to the best of my knowledge. Nothing has been concealed in the declaration. There exists no claim at the time of coverage.

(Signature of Employee)

Dated: _____

(Signature of Employer/HR Deptt)

Dated: _____