



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

ADDITION/DELETION FORM

HEALTH INSURANCE MEMBER ADDITION/DELETION FORM

- Please use this Form in order to add/delete any member
- Read carefully about the documents required
- State life Insurance Corporation of Pakistan will process this form within 15 days after receiving all required documents/information
- Any changes in the form should be immediately notified to State life Insurance Corporation of Pakistan

TO BE FILLED BY THE EMPLOYEE

Request For	<input type="checkbox"/> Addition	Member Type	<input type="checkbox"/> Parent	<input type="checkbox"/> Children
	<input type="checkbox"/> Deletion		<input type="checkbox"/> Spouse	<input type="checkbox"/> Employee

Policy Holder Name:	Policy/Card Number:
Employer Name:	Plan Start Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Plan End Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Following changes are required in list of Insured Persons:

Name of Person to be insured/delete	Relationship with Employee	Date of Birth	CNIC of insured	Add/Delete	Benefit Plan

DECLARATION

i/We hereby certify that all answers to questions appearing on this form are true and complete to the best of my/our knowledge

Date of Statement: - -

Signature/Stamp of Employee

IMPORTANT: In order to avoid delay, please ensure that

- UC/Nadra Birth Certificate is attached in case of Children Addition
- Marriage Certificate from Nadra is attached in Case of Spouse
- CNIC/FRC is attached in case of Parents addition
- Please recheck and send completed form with all relevant document(s)
- Please be informed that Incomplete forms will not be accepted for processing