



# STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

INFORMATION UPDATE FORM

## HEALTH INSURANCE INFORMATION UPDATE FORM

- Please use this Form in order to update information
- 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 should be immediately notified to State life Insurance Corporation of Pakistan to avoid coverage delays

### TO BE FILLED BY THE EMPLOYEE

<b>Request For</b> <input type="checkbox"/> Update	<b>Member Type</b> <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Spouse <input type="checkbox"/> Employee
--	--

<b>Policy Holder Name:</b>	<b>Policy/Card Number:</b>
<b>Employer Name:</b>	<b>Plan Start Date:</b> [ ][ ] . [ ][ ] . [ ][ ] <b>Plan End Date:</b> [ ][ ] . [ ][ ] . [ ][ ]

### Following updates are required in list of Insured Persons:

Name of Person	Relationship with Employee	Date of Birth	CNIC of insured	Remarks

### DECLARATION

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

**Date of Statement:** [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

\_\_\_\_\_  
Signature/Stamp of Employee/Employer

**IMPORTANT:** In order to avoid delay, please ensure that

- Relevant documents are attached in order to update information
- Existing health card is attached with the form
- Incomplete forms will not be accepted for processing