

XYLEM WATER SOLUTIONS INDIA PRIVATE LIMITED
EMPLOYEES FAMILY DETAILS FOR MEDICLAIM INSURANCE

Employee Name :

Function :

Designation :

Date of Joining :

Srl.	Name	Relation with Employee	Date of Birth	Remarks
1.				
2.				
3.				
4.				

Employee's Signature :

Note:

- Please include the details of Self for insurance.
- As per the Company Policy the Employee's Family i.e Employee, Spouse and Two children are eligible for the Insurance.

FOR OFFICIAL USE ONLY

Please insure family of Mr / Ms. _____ under Mediclaim Insurance Sum Insured Rs. _____/- .

The Monthly Gross for Insurance under Personal Accident is Rs. _____/ and The Function is _____

Received and Processed By: -

Insured By: -

Jalpa Gandhi
Date -

Purvi Srivastava
Date -