

Annexure 4

The New India Assurance Co. Ltd.  
Mumbai.

Dear Sir,

Sub: MODIFICATION IN SUM INSURED / MEMBERS INSURED  
in Union Health Care Policy.

Dear Sir,

This is to bring to you kind notice that I am having Union Health Care Certificate No. .... of your Insurance Co. I would like to make the addition / deletion as detailed hereunder (please tick) :

<input type="checkbox"/> <b>Sum Insured</b>	From _____ Lacs To _____ Lacs
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*I agree that the enhanced sum Insured will be considered equal to taking the new policy & hence for the enhanced portion of sum insured all the rules , regulations & clauses related to new policy will be applicable including exclusions as per para 4 of the Union Health Care prospectus.*

<input type="checkbox"/> <b>Addition / Deletion of Members</b>		
Sr No	Name	Age
1		
2		
3		

For making above change in the policy I am once again submitting the fresh proposal form.

Kindly do the needful.

Your Sincerely,

Name :- \_\_\_\_\_

Address :- \_\_\_\_\_

(Signature)

