

Group Medical Insurance – Dependent Inclusion Form

(GMC – Family floater of Rs. 3,00,000/-)

1. Full Name of Employee (Name as in Passport)			
2. Gender (Plz Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	3. Emp. ID. <input type="text"/>
4. Date of Joining (DD/MM/YYYY)			
5. Date of Birth (DD/MM/YYYY)			
6. Marital Status (Plz Tick)	Single <input type="checkbox"/>	Married <input type="checkbox"/>	
7. Permanent Address			

Dependent Details (1. Includes spouse and children only. 2. The dependent insurance coverage is in collective mode. 3. In case of newborn inclusion, all details need to shared within 1 month of birth of the new born with HR)

S.No.	Name	Age	Date of Birth (DD/MM/YYYY)	Date of Marriage (DD/MM/YYYY)	Gender (M/F)	Relationship
1						
2						
3						
4						
5						
6						
7						

Group Personal Accident – Nominee Details

(GPA – Rs. 5,00,000/-)

Nominee Details				
S. No.	Name	Age	DOB (DD/MM/YYYY)	Relationship
1				

Date : _____

Signature of Employee

Place : _____

Note : Insurance premium amount will be Rs. 6250/- per annum per person. (Self is mandatory, In case of addition of spouse or kids Extra premium of Rs. 6250/- PA per life will be charged)