

CONSENT FORM FOR OPTIONAL HEALTH INSURANCE FOR PARENTS/IN-LAWS

I Manikanda ☐ hereby declare that I am willing/not willing to include my parents/in-laws/both in the Group Medical Insurance claim policy by Reliance and I agree to pay the monthly deduction amount of Akash M ☒ Rs.983/- per head for the endorsement that starts on Apr 1st, 2024 and ends on Mar 31th, 2025. ☐ ☐ ☐

Please fill out the following information for your parents/in-laws only if you want to include them in the insurance.

	No. of living parents	
1	Father Name	
2	Father DOB	
3	Father Age	
4	Mother Name	
5	Mother DOB	
6	Mother Age	

	No. of living In-laws	
1	Father In-law Name	
2	Father In-law DOB	
3	Father In-law Age	
4	Mother In-law Name	
5	Mother In-law DOB	
6	Mother In-law Age	

I ensure that the above details are accurate and can be enrolled under the health insurance.

Employee Signature:

M. M. Koda Shal

Date: 03/28/2024

Employee ID: SF 4236