

## Employee's opinion form on Insurance Coverage

Date:

To

The HR

Gourmet Popcornica LLP

Dear Sir,

Sub: Request for enhancement of sum insured amount-Reg

1. This is \_\_\_\_\_ S/o \_\_\_\_\_ working as \_\_\_\_\_

in \_\_\_\_\_ department. Present my insurance coverage is

Rs \_\_\_\_\_

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2. I Wish to enhance my sum insured amount from Rs \_\_\_\_\_ to Rs. \_\_\_\_\_ and excess premium amount can be deducted from my next Upcoming Salary.

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3. I don't wish to enhance my sum insured I understand that my sum insured is Rs \_\_\_\_\_

S.NO	Dependents Name	Relation	Date of Birth	Age

Signature of the Employee & Date

Signature of HR & Date

