



# MEDICAL INSURANCE DECLARATION

I am aware that IBM India Pvt Ltd or Medi Assist India TPA Pvt Ltd will not be responsible for Insurance placement for my dependents. It is solely my responsibility to enroll their details on <https://www.mediassistindia.net/iwp/account/logon?retyrnurl=%2fiwp> for coverage of self and dependents within 30 days from date of joining.

Employee No.:

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Employee name:

Geoff George

Signature: \_\_\_\_\_

Effective Date: This form is effective from the date you are onboarded

Signed Date:

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