

**GROUP MEDICAL INSURANCE POLICY
EMPLOYEE'S / DEPENDENTS ENROLLMENT FORM**

(SID _____)

(DOJ ____ / ____ / ____)

(To be completed by each Employee in respect of himself/herself and his/her eligible family members proposed to be covered under Group Medical policy)

To ensure coverage, employee should inform subsequent changes in family members, by filling and submitting this form to AccessHR India

Dependents coverage eligibility:

For J. P. Morgan Services India Pvt. Ltd – Coverage = Employee + 3 Dependents (Dependents include Spouse, Children, Domestic Partner & Domestic Partner's Children*)

For all other Legal Entities*– Coverage = Employee + 3 Dependents (Dependents include Spouse, Children, Parents, Domestic Partner & Domestic Partner's Children*)

Important Notes:

- Partner, including same gender partner can be covered. Employee needs to meet the eligibility requirements*
- As per policy, child will be covered from day 1 if employee submits dependent addition form within 30 days from the date of birth (DOB) of the child. In case the employee submits the forms later (after 30 days from DOB) the child will be covered from the date of receipt of the form by HRSD team.
- Children will be covered only upto 23 years of age.
- All other Legal Entities except J.P. Morgan Services India Pvt Ltd. can have their parents covered upto the age 80 yrs.

Details of Employees including family members proposed for Medical Insurance:

Sr. No.	Full Name of employee and eligible family members			Date of Birth (MM/DD/YYYY)	Sex	Relationship to the Employee / Member
	First Name	Middle Name	Last Name			

All the statements made above and the answers given on my behalf and on behalf of the family members are wholly true and correct to the best of my knowledge and belief. I have disclosed all particulars material to the risk. It is hereby understood and agreed that the statements, answers and particulars are basis on which the Insurance is being granted. If, after the Insurance is effected, it is found that the statements, answers or particulars are basis on which shall have no liability under this Insurance in respect of myself and my family members proposed for insurance.

***Meet ALL of the following conditions for Domestic Partner:** (1) Male partner - Be age 21 or older; Female partner – Be age 18 or older; and (2) Not be legally married to, or the domestic partner of, anyone else; and (3) Have lived together for at least the last six months, are currently living together, and have a serious, committed romantic relationship; and (4) Be financially interdependent as defined below; and (5) Not be related to each other in a way that would prohibit legal marriage or violate any local laws **OR** Have registered as domestic partners pursuant to a domestic partnership ordinance or law of the local government, or under the laws of a foreign jurisdiction.

Financially Interdependent

As a requirement for domestic partner eligibility, “financially interdependent” means that you and your domestic partner share the cost of food and housing. You don’t have to contribute equally or jointly for these expenses, as long as you are both responsible for such costs.

Place : _____

Date : _____

Signature of the Employee/Member for himself/herself
and/or on behalf of other family members to be covered

Additional documents for Group Medical Insurance Policy

Dependent type	Dependent's Primary Document	Dependent's Secondary Document (Incase of Primary document is unavailable)
Addition of Spouse	<ul style="list-style-type: none"> Marriage Certificate 	<ul style="list-style-type: none"> Affidavit
Addition of Child	<ul style="list-style-type: none"> Birth Certificate OR Adoption order from the court (in case of adoption) 	<ul style="list-style-type: none"> Copy of Aadhar Card / Passport OR Affidavit (in case of adoption) from specialized adoption agency. Adoption Regulations, 2017 - Regulation 29(3)(i)
Addition of Domestic Partner	<ul style="list-style-type: none"> Domestic partner registration or civil union documents. OR Any two below mentioned documents proving that you and your Domestic Partner have lived together for the past 6 months and financially interdependent <ul style="list-style-type: none"> ➤ Bank account or credit card statement showing the same address for each person ➤ Utility Bill showing the same address for each person ➤ Mortgage papers or rental agreement in both names ➤ Drivers' licenses showing the same address for each person 	<ul style="list-style-type: none"> Any document which can evidence <u>financial interdependency</u> such as leave and license agreement, lease agreement, mortgage agreement, utility bills and so on.
Addition of Parents	<ul style="list-style-type: none"> Birth Certificate 	<ul style="list-style-type: none"> Copy of Aadhar Card / Passport.

Note: For all other legal entities except J. P. Morgan Services India Pvt. Ltd parents can be included in the Group Medical Insurance Policy. Refer to your offer letter in order to know your legal entity.