**GROUP HEALTH INSURANCE ENROLMENT DECLARATION FORM 2022-2023**

**DATE OF JOINING:**

**EMP ID:**

**EMAIL ADDRESS:**

**MOBILE NUMBER:**

**DEPENDENT COVERAGE (IN BLOCK LETTERS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relation** | **Name** | **Gender** | **Date of Birth** |
| Employee |  |  |  |
| Spouse |  |  |  |
| Child 1 |  |  |  |
| Child 2 |  |  |  |
| Father |  |  |  |
| Mother |  |  |  |
| Father-in-law |  |  |  |
| Mother-in-law |  |  |  |

**VOLUNTARY TOP UP PLAN:**

You can upgrade your sum insured by enrolling for voluntary top up option which provides additional coverage for your family over and above the base sum insured available in the policy. Top Up plan premium will be borne by the employee and the amount will be deducted from their payroll as per the company norms.

|  |  |  |
| --- | --- | --- |
| **Amount** | **Premium** | **Tick relevant option** |
| Rs.200000 | Rs. 4119 |  |
| Rs.300000 | Rs. 5493 |  |
| Rs.500000 | Rs.10299 |  |
| Rs.1000000 | Rs.20595 |  |
|  |  |  |

# Declaration:

I hereby declare and agree that:

* The information provided above is correct and true and best to my knowledge and if the information provided by me is found to be incorrect or false, the company is liable to take appropriate action.
* With the Company to deduct premium for top-up policy with applicable taxes from my salary if opted.

Yours Sincerely,

Visit: [www.mediassistindia.com](http://www.mediassistindia.com/)