GROUP MEDICAL INSURANCE POLICY - DEPENDENTS ENROLLMENT FORM

(To be completed by employee to add his/her eligible family members under Group Medical Insurance Policy)

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

Date (DD-MM-YY)		Name	

SID		Date of Joining (DD-MM-YY)		Legal Entity	

Sr. No.	Full Name of eligible family members			Date of Birth (DD-MM-YY)	Gender	Relationship with the Employee
	First Name	Middle Name	Last Name			
1						
2						
3						
4						

Dependents coverage eligibility: Employee + 4 Dependents (Dependents include Spouse / Domestic Partner, Children)

Important Notes:

• As per policy, child will be covered from date of birth (DOB) if employee submits dependent addition form within 30 days from the DOB of the child. In case the employee submits the form post 30 days from DOB, the child will be covered from the date of receipt of the form by HRSD team.
• Child will be covered upto 23 years of age
• No age limit for covering differenetly abled child

For Domestic Partner coverage, all the following conditions should be met: (1) Male partner - Age 21 or older; Female partner – Age 18 or older; and **(2)** Not 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)** Financially interdependent# as defined below; and **(5)** Not 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.

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.

Employee Declaration: All the information provided above on behalf of my family members is wholly true and correct to the best of my knowledge. It is hereby understood and agreed that the information provided above is the basis on which the Insurance is being granted. If, after the Insurance is claimed, it is found that the information provided above is inaccurate or false, I will be subject to disciplinary action, which may result in the termination of my employment and termination of insurance benefits in respect of myself and my family members.

Sign:

Dependent Supporting 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	• Marriage Certificate	• Affidavit on 100/- Stamp paper
Addition of Child	• Birth Certificate **OR** • Adoption order from the court (in case of adoption)	• 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	• 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 ➢ 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	• Any document which can evidence financial interdependency such as leave and license agreement, lease agreement, mortgage agreement, utility bills and so on.
Addition of Parents	• Birth Certificate	• 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.