

Date:

From,

To,
The HR Department
SecureKloud Technologies Ltd
Chennai

I am enrolling for the Group Medical Insurance Cover provided by the organisation. Please find below the details of the members for whom I wish to get the Group Medical Insurance Cover.

(Self + 5 Dependents (Spouse, 2 Kids, Parents or In-Laws))

S. No	Name of the Person as per Aadhaar / or other legal identity card	Relationship employee with	Age	Date of Birth	Gender

Signature of the Employee: