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 |
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Signature of the Employee: