

# GROUP MEDICLAIM INSURANCE POLICY PROPOSAL FORM

(To be completed by each Employee/Members in respect of himself/herself and his/her

Eligible family members proposed to be covered)

## Coverage

**Dependants = Employee + Spouse + 2 Dependent Children only**

Medical Insurance Premium for the dependants is covered by the Principal Employer. The dependant details are supposed to be shared with HR at the time of joining. In case of new dependant additions, it should be shared within 2 weeks from the date of life changing events; i.e. date of marriage for spousal dependants and date of birth in case of child dependants.

### **1. Details of Employees/Members including family members proposed for Insurance:**

Name of Insured	Relationship to the Employee	Date of birth	Age	Gender
barman	Self	12-02-1980	50	Male
brother	Spouse	01-02-2000	22	Male

## Coverage

### **Parents only**

In case the employee wants to cover his/her parents under the company provided medical Insurance, the premium associated for parental coverage should be borne by the employee. This will not be covered by the employer. The premium amount will be deducted from the payroll of the employee in three equal installments.

\*Note: Please check with the HR team in case you have any queries on parental insurance coverage.

Name of Insured	Relationship to the Employee	Date of birth	Age	Gender
baraman	Father	12-02-1980	50	Male
jeyalakshmi	Mother	12-02-1980	50	Female

Details of any knowledge of any positive existence or presence or any ailment existence or presence or any ailment sickness or injury which may require medical attention in immediate future and/or details of any ailment, sickness or injury which had been treated during the proceeding 12 months.