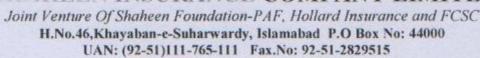


SHAHEEN INSURANCE COMPANY LIMITED





Employee Data Form

For Employees and their dependents to be covered against Group Medical Insurance Policy

	The state of the s	of Information Technology, La		Contact Pers		Ahmad Khan
Organization Addres	M.A. Jinnah Campus De	efence Road, Off Raiwind Road, L		el No		11-001-007 Ext. 81
Employee Name				/o, D/o, W/		
Designation				lace of Post		
Department				Date of Joini	ng	
Date of Birth & Age			100	Gender		
National ID card No				Blood Group		
Tel/Cell Number Present Residential			K	tes Tel No		
Address						
		DEPENDENT	3			
S No.	Name		Relation	Age	DOB	NIC No.
1						
2						
3						
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5						
6						
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8						
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10						
11						
12						
			The second secon			
Already Pregnant?	y state since	Month			Yes	No No
Already Pregnant?	y state since		from?	of the or of	Yes	
Already Pregnant? If Pregnant then kind! Which of the following	y state since g (If any) is the employe	Month	from?	of the suffer	Yes	
Already Pregnant? If Pregnant then kinds Which of the following Myocardial Infarction (Previous By-pass (Date	y state since g (If any) is the employe	Month	from?	of the suffer	Yes	
Already Pregnant? If Pregnant then kind! Which of the following Myocardial Infarction (Previous By-pass (Date Cancer	y state since g (If any) is the employe heart attack)	Month	from?	of the suffer	Yes	
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Already Pregnant?	y state since	Month	from?	of the suffer	Yes	
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Name and Signature of Employee

Signature and Stamp of Employer

NOTE: The following should accompany the filled out form

- Photocopy of the NIC card of the employee and the dependent
- 2 One photograph of the employee and the covered dependent
- 3 Attach 'B-Form' for dependents under 18 years of age
- 4 Copy of Nikanama