



**ADDITIONS FORM**

Name of Policy-holder/Company: \_\_\_\_\_

Name of employee: \_\_\_\_\_

The following are addition of our employees/dependants to the list of insured persons, with effect from \_\_\_\_\_.

Name of persons to be added	Relationship with employee	Date of Birth	Employee's		Category of benefits
			Designation	Health Card No.	

- a) In case of addition of a dependant child, please enclose a copy of Municipal **Birth Certificate**.
- b) In case of addition of an employee/spouse please enclose a **Health Declaration Form** duly filled.
- c) Use **separate form** for the addition of dependants (children) of each employee.

Declaration: (in case of addition of children/dependants.)

I \_\_\_\_\_ hereby declare that since the date of birth, my child/children/dependant(s) listed above is/are medically fit and has/have no abnormality and have no congenital defect, neither advised nor under any kind of treatment for any disorder and no test/investigation whatsoever (except below)\* have been performed.

\*Exceptions \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Signature of the employer & seal

Dated: \_\_\_\_\_