

# ADDITION FORM

## (Health Insurance Declaration)

PRAL HQ – 2<sup>nd</sup> Floor, Software Technology Park, Service Road (North), Sector I-9/3, Islamabad.

**To be filled by the Employee**

Employee Name: _____ S/o, D/o, W/o _____
Designation: _____ Category: _____
Place of Posting _____
Date of Birth: _____ Sex (M/F) _____ Marital Status: _____ CNIC # _____
Blood Group: _____ Emergency Phone No: _____
Date of Joining: _____.

### DEPENDENTS DETAIL

**Note:**

- i) CNIC number is mandatory for individuals above 18 years.
- ii) Birth Certificate(Hosp/Union Council/NADRA) required for addition of new born baby.
- iii) Copy of Nikah Nama is required for addition of spouse.

SR.#	NAME OF DEPENDENT	RELATION	DOB	CNIC NO.

**DECLARATION:**

I \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ do, hereby, solemnly affirm that all the information provided by me is true and correct to the best of my knowledge. Nothing has been concealed in the declaration. There exists no claim at the time of coverage.

**(Signature of Employee)**

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

**(Signature of Employer/HR Deptt)**

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