CORPORATE HEALTH

Premier Insurance Limited

Health Insurance Addition Form

Employee Name _____

Employee Date of Birth _____

Designation _____

Office Address _____

Company Name _____

Credit Letter/Card No. (If already issued) _____

Sr. No	Employee/ Dependents	Date of Birth	Relationship	CNIC No.

Signature of Employee _____ CNIC No. _____

Employee Contact No. _____

Signature & Seal of Authorised Officer of the Employer: _____

Category Assign To Employee _____ Date _____

Please Send to:Premier Insurance Limited, Health Insurance Department, 162-Shadman ll, Lahore