

Premier Insurance Limited

Health Insurance Addition Form



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Employee Name _____

Designation _____

Company Name _____

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

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

Signature of Employee _____ CNIC No. _____

Signature & Seal of Authorised officer of the Employer: _____

Category Assign To Employee _____ Date _____

Please Send to: Premier Insurance Limited, Health Insurance Department, 163-Shadman II, Lahore