

## Change in Insured Status Form

**IMPORTANT INSTRUCTIONS:** (please read them first)

- I- Please use this form if you want to **1 Add** employees or their dependents to your current insurance policy, **2 DELETE** employees and/or their dependents from the insurance coverage, or **3 CHANGE** Benefit Plan of the employees.
- II- Filled forms should be sent to: Policy Administration-Enrollment, Allianz EFU Health Insurance Ltd., D-74, Block-5, Clifton, Karachi (fax # 021-586-4020).
- III- In order for us to provide You with a fast and efficient service, please complete the Form accurately in 'CAPITAL LETTERS' and attach all necessary documents as mentioned below. Photocopies of this form can also be used.
- IV- Addition/Deletion/Change Benefit Plan of insured members should be done within 30 days of the eligibility.
- V- If you have any difficulty in filling this form, please call our Customer Relation Dept. at 111-HEALTH (021-111-432584).

**To Be Completed by the Plan Administrator/Employer:**

Name of the Policy Holder:  Policy Number:

Correspondence Address:

Please provide us the details of the insured member(s) whose status is to be changed:

**ADDITIONS & DELETIONS:** For adding spouse/employee/parent, please enclose filled Family Health Questionnaire (FHQ) duly verified by the employer. Kindly enclose a copy of birth certificate for adding a child. In case of Deletion, please return the original HealthCard to us. *(please use additional forms, if necessary)*

S.No.	NAME OF THE EMPLOYEES/DEPENDENT	PLEASE FILL (■) ONE	CERT. ID NUMBER(if any)	DATE OF BIRTH (dd/mm/yy)	RELATIONSHIP WITH THE EMPLOYEE	EFFECTIVE FROM/DATE	BENEFIT PLAN
1		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
2		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
3		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
4		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
5		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
6		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					
7		<input type="checkbox"/> Addition <input type="checkbox"/> Deletion					

**BENEFIT PLAN CHANGE:** Please return the HealthCard to us for re-issuance. *(please use additional forms, if necessary)*

S.No.	NAME OF THE EMPLOYEE	EXISTING BENEFIT PLAN	NEW BENEFIT PLAN	REASON FOR REVISION	EFFECTIVE FROM/DATE
1					
2					
3					
4					

**Signature & Seal of Authorised Officer of the Employer** \_\_\_\_\_ **Date** \_\_\_\_\_