



**Request Form for Indoor Medical coverage**

- The addition request must be generated by the employee in accordance with the following timelines:
  - a) New addition of the employee (within 10 days of confirmation of service)
  - b) Spouse addition (within 20 days of marriage)
  - c) New Born dependent addition (within 20 days of birth)
- Parents are **not covered** under Indoor Medical/Group Health Insurance Coverage
- Son shall be covered **till 25 years of age**
- Daughter shall be covered **till marriage**

<b>Employee Name:</b>	<b>Employee Code:</b>
<b>Designation:</b>	<b>Date of Birth (DD/MM/YYYY):</b>
<b>Department/School:</b>	<b>Age:</b>
<b>Marital Status:</b>	<b>Employment Status:</b> FTP <input type="checkbox"/> FTC <input type="checkbox"/>
<b>Date of Marriage (in case of spouse addition):</b>	<b>CNIC#</b>

**Details of Dependents**

Sr. #	Name of Dependent (Spouse/Son/Daughter)	Relation with Employee	Date of Birth (dd/mm/yyyy)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**Applying for:** Self only  Self & Family  Dependents only

**Documents to be attached (mandatory):**

- a) B-form (in case of New addition; after confirmation)
- b) Marriage Certificate (in case of Spouse addition)
- c) Birth certificate (in case of New born dependent addition)

**\*For details regarding coverage, please visit UMT website>Office of Human Resources>Medical Services**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use only**

Received by: \_\_\_\_\_

Employee Status: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_