



**Request Form for Indoor Medical Coverage / Group Health Insurance
Through
Adamjee Insurance Company**

- This form needs to be submitted to OHR within 10 days of confirmation of service
- 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**

Employee Name:	Employee Code:
Father/Husband Name:	Date of Birth (dd/mm/yyyy):
Designation:	Department/School:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
Date of Marriage (in case of spouse addition):	CNIC#

Dependents' details

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

Applying for: Self only Self & Family Dependents only

Employee Signature: _____ **Date:** _____

For Office Use only

Received by: _____
(signature and date)

Employee Status: _____

Date of Confirmation: _____
(dd/mm/yyyy)