



New Jubilee Insurance Co. Ltd.

Jubilee Insurance House, I.I. Chundrigar Road, P.O. Box 4795, Karachi-74000,
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FORM NO.ADD/05

ADDITION FORM

(Only for new born child)

POLICYNUMBER: _____

NAME OF THE POLICYHOLDER / COMPANY: _____

NAME OF THE EMPLOYEE: _____

The following are **ADDITION** of our employees/dependents for their list of insured.

| Name of person being insured | Relation with Emp. | Date of Birth | Employees | | Plan Of Benefits |
|------------------------------|--------------------|---------------|-----------|----------------------|------------------|
| | | | Desig. | Admission Letter No. | |
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- a) In case of addition of a dependent child, please enclose a copy of Municipal **Birth Certificate**.
- b) In case of addition of an employee/ spouse/parent, please enclose a **Questionnaire Form** duly filled, signed, dated and verified.
- c) Use **separate form** for addition of dependents (children) of each employee.

Declaration: (In case of addition of a child)

I _____ hereby declare since the date of birth my children (son/daughter) listed above is/are medically fit and has/have no abnormality and have no congenital defect, neither advised nor under any kind of treatment for any disorder and have not performed any test / investigation whatsoever. (except as noted below)*.

* Exceptions _____

Signature of Employee

Signature of the Employer & Seal

Date: _____