



**SINDH EDUCATION FOUNDATION**

**( EMPLOYEE & FAMILY INFORMATION PROFORMA FOR GROUP HEALTH INSURANCE )**

Name: \_\_\_\_\_ D/O, S/O, W/O: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

CNIC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male  Female  Age: \_\_\_\_\_

Married: Yes  No

**(DATA SECTION No: 01)**

**SECTION TO BE FILLED-IN FOR THE ADDITION OF PARENTS**

Father Name: \_\_\_\_\_ CNIC NO: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother Name: \_\_\_\_\_ CNIC No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**(DATA SECTION No: 02)**

**SECTION TO BE FILLED BY MARRIED EMPLOYEES ONLY**

No. of Dependents:

Name of Dependent 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

Date of Birth:  Age:

Name of Dependent 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

Date of Birth:  Age:

Name of Dependent 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

Date of Birth:  Age:

Name of Dependent 4: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

Date of Birth:  Age:

Name of Dependent 5: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

Name of Dependent 6: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: Married  Unmarried  Physical Fitness: Yes/ No

**Restriction Notes (Read Carefully):**

- Age of Employee & Spouse (Male/Female) should not be above 65 years.
- All children are covered in the policy.
- Age of son & Daughter should not be above 28 years (Unmarried).
- Please attach copy of nikkah nama (for married employees)
- Attach CNIC Copy of Spouse (if married)
- Attach copy of children Birth certificates.
- Attach CNIC copy of parents.

\_\_\_\_\_

Signature

\_\_\_\_\_

Name & Designation of Employee