

ADDITIONS, DELETIONS & REVISIONS FORM

IMPORTANT INSTRUCTIONS: (please read Carefully)

- 1- Please use this form if you want to **ADD** employees or their dependants to your current Health Takaful policy, **DELETE** employees and/or their dependents from the Takaful coverage, or **CHANGE** Benefit Plan of the employees.
- 2- Filled forms should be sent to: Health Divison, Takaful Pakistan Limited, 34-A/1, 2nd Floor, Block-6, PECHS, Shahrah-e-Faisal Karachi. (fax # 92-21-4373195-6)
- 3- 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.
- 4- Addition/Deletion/Change Benefit Plan of Covered members should be done **within 30 days of the eligibility**.
- 5- If you have any difficulty in filling this form, please call our Health Divison. at 92-21-111-875-111.

TO BE COMPLETED BY THE PLAN ADMINISTRATOR/EMPLOYER:

Name of the Policy Holder (Employer): _____ Policy No. : _____

Correspondence Address: _____

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

ADDITIONS & DELETIONS: For adding employee/spouse/parent, please enclose filled Health Questionnaire Form duly verified by the employer. Kindly enclose a copy of birth certificate for adding a child and Nikah nama copy for spouse's addition. In case of Deletion, please return the original (Takaful Pakistan Limited) Health Card to us. *(please use additional forms, if necessary)*

S. No	Employee's / Dependant's Name	Please Tick Appropriate	Health ID. #	Date of Birth	Relationship with the Employee	Effective Date
1		Addition <input type="radio"/> Deletion <input type="radio"/>				
2		Addition <input type="radio"/> Deletion <input type="radio"/>				
3		Addition <input type="radio"/> Deletion <input type="radio"/>				
4		Addition <input type="radio"/> Deletion <input type="radio"/>				
5		Addition <input type="radio"/> Deletion <input type="radio"/>				
6		Addition <input type="radio"/> Deletion <input type="radio"/>				

BENEFIT PLAN CHANGE: Please return the Takaful Health Card for re-issuance with the new benefit plan.

S.No	Employee's Name	Existing Benefit Plan	New Benefit Plan	Effective From	Reason for change in Plan
1					
2					
3					
4					

Signature & Stamp of Authorized Officer of the Employer _____ Date _____

Takaful Pakistan Limited

Dadex House, 34-A/1, 2nd & 3rd Floors, Block-6, P.E.C.H.S., Shahrah-e-Faisal, Karachi. Phone (92-21) 111-875-111. Fax: (92-21) 4373195-6