SHAHEEN INSURANCE COMPANY LIMITED
Joint Venture Of Shaheen Foundation-PAF, Hollard Insurance and FCSC
H.No.46,Khayaban-e-Suharwardy, Islamabad P.O Box No: 44000
UAN: (92-51)111-765-111 Fax.No: 92-51-2829515

Employee Data Form

For Employees and their dependents to be covered against Group Medical Insurance Policy

Organization Name	COMSATS Institute of Information Technology, Lahore.	Contact Person	Aftab Ahmad Khan
Organization Address	M.A. Jinnah Campus Defence Road, Off Raiwind Road, Lahore.	Tel No	042-111-001-007 Ext. 283
Employee Name		S/o, D/o, W/o	
Designation		Place of Posting	
Date of Birth & Age		Gender	
National ID card No		Blood Group	
Telephone Number		Date of Joining	
Present Residential Address		Res Tel No	

DEPENDENTS

S No.	Name	Relation	Age	DOB	NIC No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Would the employee or the dependent require the Maternity cover? **Yes** **No**

Already Pregnant? **Yes** **No**

If Pregnant then kindly state since _____ Month

Which of the following (If any) is the employee or the dependent suffering from?

	Name of the sufferer
Myocardial Infarction (heart attack)	
Previous By-pass (Date)	
Cancer	
Cerebra-vascular accident (Stroke)	
Kidney Disease	
AIDS	
Hepatitis B	
Hepatitis C	
Major Burns	
Diabetes	
Hypertension (Blood Pressure)	
Angina	
TB	
Epilepsy	
Psychiatric Disorder	
Any Congenital Disease (by birth)	

It is requested that a true state of health / disease should be disclosed in the form, not withholding any fact to the best of his / her knowledge. This will help us in your claim reimbursement & processing.

DECLARATION

I _____ S/O, D/O, W/O _____ Do Hereby, solemnly Affirm That all the information provided by me is true and correct to the best of my knowledge

Name and Signature of Employee

Signature and Stamp of Employer

NOTE: The following should accompany the filled out form

1. Photocopy of the NIC card of the employee and the dependent
2. Two photographs of the employee and the covered dependent
3. Attach `B-Form` for dependents under 18 years of age