

Family Enrolment Questionnaire Form (FEQ)

Cert ID
(If already issued)

Name of Employee: Gender: Employee ID
In CAPITAL letters First / Middle / Given Name(s) Male/Female (If any)

Employer Name: Designation: Joining Date: Marital Status

Home Address: Marriage Date

Subsidiary/ Location CNIC No: Date of Birth
(if any)

Tel: (Res) Cell Tel (Bus)

Please list Family Members (spouse, son, daughter, mother and father) to be covered: *Attach additional sheets if necessary*
In case of addition of spouse due to marriage, Please attach the copy of Nikahnama.

S. No.	NAME Please write in CAPITAL letters	Relationship with You	Date of Birth (dd/mm/yyyy)	Height (ft./in)	Weight (lbs)	CNIC No. (Mandatory)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

<p>DECLARATION: I hereby declare that the statement above is true and complete to the best of my knowledge and belief. I have not withheld any information. I understand that the above details together with the application of my employer to Allianz EFU Health Insurance Limited-Window Takaful Operations are the basis for the Group Health takaful applied for. I hereby authorize any hospital, physician or surgeon who has attended to me or my family members to furnish to Allianz EFU with any and covered takaful information that they may require concerning our medical history and/or examinations.</p>	<p>TO BE FILLED BY THE EMPLOYER</p> <p>Please specify the plan for this employee <input type="checkbox"/> Executive <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Basic Other _____ Coverage Effective Date: _____</p>
<p>_____ Signature of Employee for Self & on behalf of family members being covered</p>	<p>_____ Date</p>
<p>_____ Signature & Stamp of the Employer</p>	

Please fill either in English OR in Urdu only

Complaints in respect of Takaful Policy

If you have any complaint or grievance against the window takaful operator, broker, agent, surveyor or bank representative in respect of your takaful policy, you may file your complaint with the following office:

FEDERAL INSURANCE OMBUDSMAN
2nd Floor, Pakistan Red Crescent Society
Annexe Building, Plot # 197/5
Dr. DoudPota Road Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

تکافل پالیسی کے متعلق شکایات

اگر آپ کو تکافل پالیسی کے متعلق ونڈو تکافل آپریٹر، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفتر میں رابطہ کر سکتے ہیں:

وفاقی انشورنس محتسب،

سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،

پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62

www.fio.gov.pk