

Change in Insured Status Form

IMPORTANT INSTRUCTIONS: (please read them first)

- I- Please use this form if you want to **1** DELETE employees and/or their dependents from the insurance coverage, or **2** CHANGE Benefit Plan of the employees.
- II- Filled forms should be sent to: Policy Administration-Enrollment, Allianz EFU Health Insurance Ltd., D-136, Block-4, Clifton, Karachi (fax # 021-586-4020).
- III- 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.
- IV- Deletion/Change Benefit Plan of insured members should be done within 30 days of the eligibility.
- V- If you have any difficulty in filling this form, please call our Customer Relation Dept. at 111-HEALTH (021-111-432584).

To Be Completed by the Plan Administrator/Employer:

Name of the Policy Holder: Policy Number:

Correspondence Address:

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

DELETIONS: Please return the original HealthCard to us. (please use additional forms, if necessary)

S.No.	NAME OF THE EMPLOYEES/DEPENDENT	CERT. ID NUMBER(if any)	DATE OF BIRTH (dd/mm/yy)	RELATIONSHIP WITH THE EMPLOYEE	REASON FOR DELETION	EFFECTIVE FROM/DATE
1						
2						
3						
4						
5						
6						
7						

BENEFIT PLAN CHANGE: Please return the HealthCard to us for re-issuance. (please use additional forms, if necessary)

S.No.	NAME OF THE EMPLOYEE	CERT. ID	EXISTING BENEFIT PLAN	NEW BENEFIT PLAN	REASON FOR REVISION	EFFECTIVE FROM/DATE
1						
2						
3						
4						

Signature & Seal of Authorised Officer of the Employer _____ Date _____

Complaints in respect of Insurance Policy

If you have any complaint or grievance against the insurance company, broker, agent, surveyor or bank representative in respect of your insurance 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. Doud Pota Road Karachi

Phone: 021-99207761-62

Website: www.fio.gov.pk

بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سرویز 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 پوتا روڈ، کراچی

فون: 021-99207761-62

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