

KHOJA (PIRHAI) SHIA ISNA ASHERI JAMAAT

SEHATMAND JAMAAT PROGRAM 2022-23

Date: _____

Name: _____

Surname: _____

Cell #: _____

CNIC No: _____

DOB: _____

Marital Status: Single Married Widow

Address: _____

Category: Member

Staff

If Staff: KPSIAJ

FEN

FH

Emp Code _____

Payment: Self Paid

Welfare

Standard Plan, Coverage 200,000 Room Rent 3,500		Premium Plan, Coverage 500,000 Room Rent 9,000	
Age	Premium	Age	Premium
0-64	5,400	0-64	11,000
65-74	9,990	65-74	27,000

Details of Family Members Applying for Insurance

S #	Name	Date of Birth	CNIC Number	Plan	Amount	Relationship

Documents Required:

- Clear copy of CNIC (Above18), Clear copy of B-Form (Below 18), Clear copy of JCIC for members

Mode of Payment

Cash

Cheque

Cheque Details: _____

Salary Deduction

Signature of Insurer

Disclaimer: This health insurance policy is an agreement between Insurer and New Jubilee Health Insurance Company, Jamaat is playing the role of facilitator. We will inform members via WhatsApp when insurance cards are ready and members will be responsible to collect the cards from the Jamaat office.