

Family Enrolment Questionnaire Form (FEQ)

Name of Employee: In CAPITAL Letters	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First / Middle / Given Names(s)	Last Name	Emp ID
Father/Husband Name:	<input type="text"/>	Grade / BPS	<input type="text"/>
Employer Name:	<input type="text"/>	Work Telephone:	<input type="text"/>
Home Address:	<input type="text"/>		
Designation:	<input type="text"/>	Date of Joining:	<input type="text"/>
Home Telephone:	<input type="text"/>	NIC #	<input type="text"/>

Family Details

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	Sex (M/F)	Date of Birth (dd/mm/yyyy)
1		SELF		
2				
3				
4				
5				
6				
7				
8				
9				
10				

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 this health declaration form together with the application of my employer to Allianz EFU Health Insurance Limited are the basis for the Group Health Insurance 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 all information that they may require concerning our medical history and/or examinations.

Signature of Employee for Self & on behalf of family members being covered

Date

TO BE FILLED BY THE EMPLOYER

Please specify the plan for this employee

Executive Deluxe Standard
 Value Basic Other _____

Date of Coverage: _____

Signature & Stamp of the Employer

Please fill either in English OR in Urdu only

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، سرویزر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفتر میں رابطہ کر سکتے ہیں:

وفاقی انشورنس محتسب،

سیانڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انٹیکس بلڈنگ،

پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی

فون: 021-99207761-62

www.fio.gov.pk