



# STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

FORM NO: [H103]  
INFORMATION UPDATE FORM

## HEALTH INSURANCE INFORMATION UPDATE FORM

- Please use this Form in order to add/delete any member or update existing information
- State life Insurance Corporation of Pakistan will process this form within 15 days after receiving all required documents/information
- Any changes in the form/data should be immediately notified to State life Insurance Corporation of Pakistan

### Basic Information:

Policy Hoder Name:	CNIC of Policy holder: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Employer Name:	Health Card Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cell Number:	Landline:	Email:

### Details for information update:

Name of Person to be insured/delete	Gender	Relation to employee	CNIC of insured	Add/Delete/Update	Benefit Plan
	Male or Female	Self/Son/Daughter/Parents	41303-7771381-7	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	Plan A
				<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update	

### DECLARATION

I hereby certify that all the information in this form is true and complete to the best of knowledge.

Date of Statement:   -   -

\_\_\_\_\_  
Signature/Stamp of Employee

IMPORTANT: In order to avoid delay, please ensure that

- UC/Nadra Birth Certificate is attached in case of Children Addition
- Marriage Certificate from Nadra is attached in Case of Spouse
- CNIC/FRC is attached in case of Parents addition
- Please recheck and send completed form with all relevant document(s)
- Please be informed that Incomplete forms will not be accepted for processing