

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 (If any) Nationality CNIC No./ Passport No. Date of Birth

Bank Name IBAN No. Cell No. Email ID

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 too marriage, Please attach the copy of Nikahnama.*

S. No.	NAME Please write in CAPITAL letters	Relationship with You	Date of Birth (dd/mm/yy)	Height (ft./in)	Weight (lbs)	CNIC No. (Mandatory)
1.						
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 the above details together with the application of my employer to 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 EFU Health Insurance Limited-Window Takaful Operations with any and all information that they may require concerning our medical history and/or examinations. I understand that any false, incorrect, incomplete or misleading statement may invalidate my participation in this group health takaful contract.

TO BE FILLED BY THE EMPLOYER

Please specify the plan for this employee

Executive Deluxe Standard

Value Basic

Other _____

Coverage Effective Date: _____

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

Signature & Stamp of the Employer

Please fill either in English OR in Urdu only

EFU Health Insurance Limited
Window Takaful Operations

Formerly Allianz EFU Health Insurance Ltd
Pakistan's First Specialized Health Insurer

Head Office:

37-K, Block-6, PECHS Society,
Karachi-75400.

Tel: 021-111-HEALTH (111-432584).