



ASIA CARE HEALTH & LIFE INSURANCE CO. LTD

Endorsement Form (New / Dependent Addition)

Endorsement No. :	Dated :
Policy No. :	
Company Name :	
Employee Name :	
Wellness Card No. :	Employee I.D. :
C.N.I.C. :	Location :

Notwithstanding anything contained herewith to the contrary it is hereby declared and agreed that the following persons are **added** to the policy schedule:

Member I.D.	Name of Employee/dependent	Relationship	Date of Birth	Plan	Effective Date

All other terms, exclusions and conditions of the policy will remain unaltered.

Authorised Signature