

Change in Covered Member Status Form

IMPORTANT INSTRUCTIONS: (please read them first)

- I- Please use this form if you want to **1 DELETE** employees and/or their dependents from the takaful coverage, or **2 CHANGE** Benefit Plan of the employees.
- II- Filled forms should be sent to: Policy Administration-Enrollment, Allianz EFU Health Insurance Ltd.-Window Takaful Operations, D-136, Block-4, Clifton, Karachi (fax # 021-586-4020).
- III- In order for us to provide You with a fast and efficient service, please complete the Form accurately in 'CAPITAL LETTERS' and attach all necessary documents as mentioned below. Photocopies of this form can also be used.
- IV- Deletion/Change Benefit Plan of covered members should be done within 30 days of the eligibility.
- V- If you have any difficulty in filling this form, please call our Customer Relation Dept. at 111-HEALTH (021-111-432584).

To Be Completed by the Plan Administrator/Employer:

Name of the Policy Holder: Policy Number:

Correspondence Address:

Please provide us the details of the covered member(s) whose status is to be changed:

DELETIONS: Please return the original HealthCard to us. *(please use additional forms, if necessary)*

S.No.	NAME OF THE EMPLOYEES/DEPENDENT	CERT. ID NUMBER(if any)	DATE OF BIRTH (dd/mm/yy)	RELATIONSHIP WITH THE EMPLOYEE	REASON FOR DELETION	EFFECTIVE FROM/DATE
1						
2						
3						
4						
5						
6						
7						

BENEFIT PLAN CHANGE: Please return the HealthCard to us for re-issuance. *(please use additional forms, if necessary)*

S.No.	NAME OF THE EMPLOYEE	CERT. ID	EXISTING BENEFIT PLAN	NEW BENEFIT PLAN	REASON FOR REVISION	EFFECTIVE FROM/DATE
1						
2						
3						
4						

Signature & Seal of Authorised Officer of the Employer _____ **Date** _____

Complaints in respect of Takaful Policy

If you have any complaint or grievance against the window takaful operator, broker, agent, surveyor or bank representative in respect of your takaful 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. DoudPota Road Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

تکافل پالیسی کے متعلق شکایات

اگر آپ کو تکافل پالیسی کے متعلق ونڈو تکافل آپریٹر، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفتر میں رابطہ کر سکتے ہیں:

وفاقی انشورنس محتسب،

سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،

پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62

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