**Willingness Certificate (for health insurance of Parents)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee code: \_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_ Campus/ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is willing for inclusion of my parents in the health insurance coverage scheme **and agree with following terms & conditions**

* Health insurance of parent will include IPD & OPD coverage and I authorize BU to deduct requisite amount from monthly pay to make premium payment to M/s JGI.
	+ **IPD** - Premium @ Rs 35/- per day, entitlement limit Rs 2 lacs & age limit 65 years (parents more than 65 years are not entitled for health insurance).
	+ **OPD**. OPD coverage as per the entitled limit of employee (without additional contribution).
* Premium amount for health coverage of parents would be made by the employee (not by BU). This amount is separate from monthly contribution made from medical allowance.

* Parents will be entitled to avail insurance scheme benefits subject to registration with insurance company and are to continue till remaining policy duration i.e. 31 Dec 2018. Premium is to be contributed accordingly.
* Name of parents cannot be deleted from the health coverage after taking the benefit from the scheme in the form of OPD/ Hospitalization.

**Note**: **This undertaking for insurance coverage of parents is OPTIONAL and subject to payment of additional premium and is not valid for any other purpose**.

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| --- | --- | --- | --- | --- |
| **S #** | **Name of Parents** | **Relation**  | **D O B** | **CNIC No** |
|  |  |  |  |  |
|  |  |  |  |  |

**Note**: Following attachments are required:

i. Copy of CNIC & health card of applicant. ii. Copy of CNIC of parents

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Signature Employee Signature OIC Health Insurance

**COUNTER SIGNED**

Director Campus/ Principal