Group Health Insurance Application Form (Sample)

Access a **group health insurance application form** sample designed specifically for employees to streamline the enrollment process. This form ensures seamless collection of essential personal and medical information, facilitating efficient insurance coverage. Utilize this template to enhance employee benefits management and simplify group policy administration.

1. Employee Information

Full Name:

Employee ID:

Date of Birth:

Gender:

| Select ▼ |

Address:

Contact Number:

Email Address:

Department:

Date of Joining:

2. Family Members to be Covered

Name	Date of Birth	Relationship	Gender
		Select ▼	Select ▼
		Select ▼	Select ▼

3. Health Information

Are you or any family member (to be covered) currently suffering from any chronic illness or pre-existing condition?

| Select | ▼ |

If yes, please specify:

| |
| |

Are you or any family member currently under any medication?

| Select | ▼ |

If yes, please specify:

| |
| |

4. Nominee Information

Nominee Full Name:

| |

Relationship:

| |

Contact Number:

| |

5. Declaration & Authorization

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I authorize the insurance provider to use this information for policy issuance and claim processing.

Place:

| |

Date:

| |

Employee Signature:

| |

Submit Application