



UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office : 24 Whites Road, Chennai - 600 014.

Branch Office - KACHIGUDA : 2nd Floor, 4-5-439, Corporation Bank Building,
Badichowdi, Sultan Bazar, Hyderabad-95. Ph : 24652461, 24737583

Renewal Details of Group Mediclaim Policy (WORKING JOURNALIST OF A.P.)

- 1) Proposer's Name : _____
- 2) District Name : _____
- 3) Family Details : _____

Sl. No.	Name of the Insured Person	UH ID No.	Age	Sex	Relation	Signature
1						
2						
3						
4						

- 3) Address for Correspondence : _____
(Complete Postal Address) _____

Phone No. with STD : _____ Cell No. _____

- 4) Name of the Nominee : _____
- Relation : _____ Age _____

Place :

Signature

Date :

- NOTE :** 1) New member stamp size photos to be enclosed.
2) If old card is received without photo, then send two stamp size photos of each family member with application.
3) DD No. Amount Date.....
Bank Branch.....