

Application form LIC Health Plan 2011

Cover for children under 18 is free of charge for the Basic Insurance; also for the supplementary cover if the parents are insured for the supplementary cover.

Insured children under 18 years

date:

Name + initials		M / F
Address + postal code + town		
Date of birth		
Sofi-number/BSN		
Name + initials		M / F
Address + postal code + town		
Date of birth		
Sofi-number/BSN		

Name + initials		M / F
Address + postal code + town		
Date of birth		
Sofi-number/BSN		

Name + initials		M / F
Address + postal code + town		
Date of birth		
Sofi-number/BSN		

Name + initials		M / F
Address + postal code + town		
Date of birth		
Sofi-number/BSN		

Signature :
Parent/guardian