

FORM 2 - MEDICAL INSURANCE WAIVER/CONSENT FORM

All students enrolled at FIIB have to submit proof of their Medical Insurance. Alternately, FIIB offers Medical Insurance under its group policy for interested students. Indicate your preference below for opting-out or opting-in to the FIIB Group Medical Insurance.

I would like to:

- Opt-in for the FIIB Group Medical Insurance Policy [Fill Part A of the Form Below]**
- Opt-out of the FIIB Group Medical Insurance Policy [Fill Part B of the Form Below]**

PART A

I want to avail of FIIB's group medical policy. (Please select the coverage amount as follows)

Policy Coverage	Premium for Two years	Please Select
INR 50,000/- annually for 2 years	INR 2,000	<input type="checkbox"/>

* The coverages under FIIB Group Policy are valid for both years of the students' enrolment at FIIB.

My details for the group medical policy are as mentioned below

Name:- _____

Gender:- _____

Date of Birth:- _____

Address:- _____

Mobile no:- _____

Email:- _____

PART B

I undertake that I have a Medical Insurance Policy in my name with following details:

Policy Number	Name of the Company	Date of Issue	Date of Expiration

* Please attach photocopy of the policy.

Signature of the Candidate: _____

Countersigned by Parent/Guardian: _____

Place: _____

Date: _____