Birla Sun Life Insurance Company Limited

Registered Office: Vaman Centre, 5th/6th Floor, Makhwana Road, Off Andheri Kurla Road, Marol, Andheri (East), Mumbai - 400059
Tel.: 5678 3333 Fax : 5678 3362

MONTHIVERSARY RECONCILIATION FORM

(TO BE COMPLETED BY THE POLICYHOLDER ON EACH MONTHIVERSARY)

1) Group Policy Number / Plan _____

2) Name of the Policy Holder _____

3) Monthiversary Date _____

Membership Reconciliation details

Particulars	No. of Members
As on Previous Monthiversay	
Add: New Members	
Less: Exit Members	

Note: Claims, If any to be filed in the prescribed Claim Form separately

Details of eligible new members to be submitted in the following format

Member id	First Name	Middle Name	Surname	Sex	Designation	Date of Birth (dd/mm/yyyy)	Date of joining (dd/mm/yyyy)	Monthly Salary	Contribution (Rs.)

We certify that

1) The particulars in respect of all the members to be covered are correct as per our records.
2) The date of birth of members have been vertified by us.

Date : _____

Place : _____

For and on behalf of Policyholder

_____