

## **Application Form to Apply for J&K State Medi claim Insurance Policy**

### **Option Form**

I \_\_\_\_\_ being a Pensioner, Ex- Legislator/Employee of State PSU/Autonomous body , do hereby exercise my option to participate in the mediclaim Insurance Policy being adopted by the State Government for its Employees.

Signature

Name

Designation

Official Address

Residential Address\*

Phone Number

\* In case of Legislators /Ex-Legislators