



Crescent Star Insurance Limited.

Endorsement Form (Plan Revision)

| | |
|-------------------|-----------------|
| Endorsement No: | Dated : |
| Policy No. : | C.N.I.C. : |
| Company Name : | Employee I.D. : |
| Employee Name : | Location |
| Health Card No. : | |

Notwithstanding anything contained herewith to the contrary it is hereby declared and agreed that the **plan** of the said people **has been changed** as mentioned below to the policy schedule.

| Health Card No. | Member I.D | Name of Employee / Dependent | Current Plan | New Plan | Effective Date |
|-----------------|------------|------------------------------|--------------|----------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

All other terms, exclusions and conditions of the policy will remain unaltered.

Crescent Star Insurance Limited.
HEAD OFFICE

2nd Floor, Nadir House I.I. Chundrigarh Road, Karachi-
74000- Pakistan. UAN # 111-274-000
www.cstarinsurance.com

Authorized Signature