





With Tution Fee Without Tution Fee Product Plan Smart Genius Expert Proficient \$35,000 \$70,000 \$100,000	Beneficiary Details: Beneficiary Name (1): Relationship:
roduct Plan Smart Genius Expert Proficient	Beneficiary Name (1): Relationship:
	Relationship:
	Address
	Address
COVID 19	CNIC Number (Beneficiary):
verage Individual	CNIC Issue Date
nure	Beneficiary Name (2):
6 Months 12 Months	Relationship:
	Address
	CNIC Number (Beneficiary):
	CNIC Issue Date
udent Details:	(For Tution Fee Benefit)
me:	Parent Name
a of Pinth /Paul Month/ Voor)	CNIC Number
e of Birth (Day/ Month/ Year):	Relationship Parent Address
IIC Number (Self):	Falent Address
IIC Issue Date	
stal Address:	Travel Details
	Country of Visit:
ovince: City:	From To
bile No	Purpose of Visit:
nail Address:	
iversity Name:	
claration: I/ We hereby declare that I/we being the beneficiary (ies) of the travel insurance policy that deconfirm its contents Furthermore. I/we confirm my (our) declaration that all preexisting cases are not	covered by this insurance and coverage is valid only outside my (our) country of
sidence and my (our) insurance is not by any mean an authorization to seek treatment abroad. I (we) a mmencement of travelling. Stes: Copy of CNIC and Passport (First page) must be sumbitted along with this application form Application form should be duly completed and signed by the applicant (s) This insurance is valid if purchased before commencing the Trip and the Trip has commenced the sidness of the	