

Attention Allianz SNA S.A.L.
Hazmieh – Lebanon

Balsam Amendment Form

Subject: Modification of Hospitalization Class from _____ to _____

Ambulatory Healthcare Plan Add Remove

Requests

Other: _____

Name:

I hereby _____ Policyholder of Balsam policy No _____
ask you to proceed with the above mentioned endorsement (s) as of _____

-Medical Questionnaire-

I declare, under my own responsibility, that the dependants insured under this policy and I are in good health and haven't been involved in any accident or suffered from any illness or disease. We aren't under any medical surveillance or undergoing any medical treatment or medical investigations (Radiology, laboratory tests...) and haven't been operated upon or confined to a hospital.

In addition, I am totally willing to pay the premiums that result from the above mentioned request.

Yours faithfully,

Date:

Signature: