

## Group Health Fluctuation Format

**Policy No** \_\_\_\_\_

**Policy Name** \_\_\_\_\_

**Branch Name** \_\_\_\_\_

### Additions

Sno.	Employee Name / Dependents	Date of Birth	Branch (if any)	Category / Plan	Joining / Effective Date	NJI Emp. ID	Emp. No. (if any)
1							
2							
3							
4							
5							

### Deletions

Sno.	Employee Name / Dependents	Date of Birth	Branch (if any)	Category / Plan	Deletion / Effective Date	NJI Emp. ID	Emp. No. (if any)
1							
2							
3							
4							
5							

### Changes

Sno.	Employee Name Dependents	Date of Birth	Branch (if any)	Previous Category	New Category	NJI Employee ID
1						
2						
3						
4						
5						

**Note:** You are request to Please provide the same information on SFHQ (e.g, Addition, Changes and up/down grade)