INSURANCE

AXA Insurance Hong Kong Limited
Group Adjustment Report Form

Policyholder : _____

Branch : _____

Policy No. : _____

Report No. : _____

Policy Period : _____

ID No. / Passport No.	Name of Employee / Dependent	Effective Date dd/mm/yy	Employment Date dd/mm/yy	Sex	Date of Birth dd/mm/yy	Martial Status	Salary	Tran-saction Code	Class	Bank Account		Occupation
										Bank Name	Account No.	

** Codes for Type of Transaction

+ Addition - Termination $ Salary Change

↑ Plan Change # Bank Account No.

Employer's Signature: _____ Date : _____