

## Attachment of Supplementary Cover(s)

State Life offers a number of [supplementary covers](#) to enhance and supplement coverage under the basic policy. If you are interested in enhancing coverage under your policy by adding one or more of our unique supplementary covers, please fill out the form below:

Policy No:

Policyholder's Name:

Date of Birth:

NIC No:

Address:

Email Address:

Tel: (Res):

(Off):

(Cell):

Supplementary Cover(s) to be attached:

Submit

Your request for attachment of above supplementary cover(s) is noted and after examining the possibility of desired attachment, our Policyholders Service Department will contact you soon for further requirements.