

FAMILY INDEMNITY PLAN
TRANSFER OF COVERAGE REQUEST FORM



SECTION 1: REQUESTOR INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

dd/mm/yyyy

GENDER

M

F

IDENTIFICATION

ID

DP

PP

ENTER ID NUMBER

MOBILE NO.

OTHER TELEPHONE NO.

EMAIL ADDRESS

MAILING ADDRESS

CITY

COUNTRY OF RESIDENCE

COUNTRY OF BIRTH

NB: A COPY OF PICTURE IDENTIFICATION (PASSPORT, NATIONAL ID, DRIVERS PERMIT), BIRTH CERTIFICATE AND PROOF OF ADDRESS (UTILITY BILL OR BANK STATEMENT NOT OLDER THAN 3 MONTHS) MUST BE SUBMITTED WITH THIS APPLICATION. IF ALL REQUIRED DOCUMENTS ARE NOT SUBMITTED, APPLICATION WILL BE PLACED ON HOLD AND NO CHANGE TO COVERAGE WILL BE EFFECTED.

CUNA Caribbean Insurance (CUNA) reserves the right to decline any request for transfer. I understand and agree that the decision to permit transfer of coverage is entirely at the discretion of CUNA.

SECTION 2: PLEASE SELECT THE TYPE OF TRANSFER REQUEST BELOW BY CHECKING THE BOX:

Transfer of Certificate and all Insured Persons from one Policyholder to another ☐

DECLARATION:

I, owner of Policy/Certificate

Current Certificate No.

 hereafter referred to as "Old Policy" request transfer of the Insured Persons and all benefits under Old Policy from

Policyholder

 to

New Policyholder

.

I understand and confirm that by submitting this request:

- 1) Benefits and coverage provided under the Old Policy will be terminated at the end of the month following the date in which this application is signed.
- 2) I will be issued with a New Policy under the

New Policyholder

 and will be subject to the terms and conditions of the

New Policyholder

 contract of Insurance.
- 3) Benefits and coverage under the New Policy will be equal to benefits and coverage under the Old Policy with no waiting period.
- 4) If I apply to increase my coverage as part of this transfer, a waiting period for the upgraded benefit, as stated on the new Policy/Certificate issued by CUNA, will apply. Any loss incurred during the waiting period will be payable based on the Old Policy benefit.

Signature of Insured Member

Date of Declaration

dd/mm/yyyy

Transfer of Coverage from one Certificate to another ☐

DECLARATION:

I hereby request transfer of my coverage under

Current Certificate No.

 hereafter referred to as "Old Policy" in the name of

Current policyholder Name

 to policy/certificate number

New Policy No.

 hereinafter referred to as "New Policy" in the name of

Policyholder Name

 referred to as "New Policy owner". I understand and confirm that by submitting this request, my coverage:

- 1) Will be terminated under the Old Policy, effective from the end of the month following the date in which this application is signed, and no benefits will be payable under the Old Policy after that date.
- 2) That I will be subject to the terms and conditions of the New Policy and by transferring, may incur a waiting period for coverage during which NO benefit will be payable under the New Policy unless otherwise approved by CUNA.
- 3) That I have informed the owner of the Old Policy of my decision to remove my coverage under the Old Policy.
- 4) That this request is subject to approval by CUNA.

Signature of Insured Member

Date of Declaration

dd/mm/yyyy

I

Current Policyholder Name

 owner of Policy/Certificate

Current Certificate No.

 acknowledge that I have been informed that

Insured Name

 has requested to be removed from my certificate and I understand that coverage for them under my certificate will immediately cease.

Signature of Certificate Owner

Date of Declaration

dd/mm/yyyy