For Official Use Only

CUNA MUTUAL GROUP

CUNA Caribbean Insurance Society Limited

The Family Indemnity Plan

NEW ENROLLMENT & CHANGE OF PLAN SUMMARY SHEET

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX 1 2 3 4 .

Please note that the initial premium must be included for each enrollment form in order for it to be processed for coverage. Those enrollment forms that do not include initial premium will be returned to the Organisation.

Organisation

TRANSACTION CODES:
Please enter either "NB" or "COP" in the Transaction Column

NB = NEW BUSINESS
COP = CHANGE OF PLAN

	MEMBER NAME (First Name/Last Name)	PLAN	PREMIUM	TRANSACTION
1			.	
2			.	
3			.	
4			.	
5			.	
6			.	
7			.	
8			.	
9			.	
10			.	

Amount Paid .

Cheque No (if applicable)

Tax WithHeld .

Date / /
mm dd yyyy

Signature of Authorised Organisation Officer

Form Rev: 2009/09