For Official Use Only

CUNA CARIBBEAN INSURANCE

The Family Indemnity Plan

CHANGE OF INSURED APPLICATION FORM

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX 1 2 3 4; mark all choice boxes with an X and NOT with a tick (√).

Organisation

Certificate Number

Membership Number

Member of Name (First/Last Name)

Member Mailing Address (if address has changed since enrollment)

Member Telephone Contact

Member Email Address

This Change of Insured shall be effective from the first (1st) of the following month after date of application, only when the Primary Insured Member delivers this form to the organisation through which he/she holds his/her Family Indemnity Plan certificate and the organisation files the Change of Insured Application Form with and attains approval from CUNA Caribbean insurance Limited. If you inform the organisation of a Change of Insured on your certificate, within 30 days of the occurence of 1 and/or 2 situations, the applicable six-month waiting period for the added Insured Person will be waived, if your certificate is not currently under a waiting period.

Check the box for the situation which applies: (proof of situation to be submitted)

1 ☐ Child has reached age 1 (-adding the child)

2 ☐ Marriage or remarriage of the Primary Insured (- adding the spouse)

If you inform the organisation of a replacement Insured person added to your certificate within 30 days of the occurence of situations 3, 4 & 5 listed below, the applicable six-month waiting period for the added Insured Person will be waived only if your certificate covered the maximum six insured persons up to the occurrence of the listed situation, and your certificate is not currently under a waiting period.

Check the box for the situation which applies: (proof of situation to be submitted)

3 ☐ Child has reached age 26 (- adding a replacement insured)

4 ☐ Divorce of the Insured (- deleting the former spouse and adding a replacement insured.)

5 ☐ Death of an Insured (- adding a replacement insured.)

With the exception of notification within 30 days of the above situations, all Insured persons added to your certificate will be subject to a six-month waiting period for benefits. During this six month waiting period, benefits will only be paid for accidental death. No more than six persons may be insured under one certificate at the same time. No more than two parents may be insured for the lifetime of a certificate.

Name of the person to be deleted

Name of the person to be added

Relationship to Member

Date of Birth mm / dd / yyyy

Sex ☐ F ☐ M

Proof of relationship Submitted ☐ Yes ☐ No **Name of Document(s) submitted:** _____

I understand that benefits provided under the Critical Illness Rider apply only to the Primary Insured Member and cannot be transferred following the death of the said Primary Insured Member.

It is the sole responsibility of the Primary Insured Member to ensure that eligible persons for whom applications are made are not insured persons who have existing coverage under the Member's certificate as no person may be insured through more than one Family Indemnity Plan certificate in accordance with the Non-Duplication of Coverage clause contained in the Primary Insured Member's Family Indemnity Plan certificate. If a person is named under more than one Family Indemnity Plan certificate on the death of such a person the Insurer shall only be liable to pay the claim made under the Family Indemnity Plan that is first in time.

Signature of Member

Date mm / dd / yyyy

Signature of Authorised Organisation Officer

Print Name of Officer

Date mm / dd / yyyy