

## Health Insurance

### PART 1 EMPLOYEE DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial(s) \_\_\_\_\_

Address \_\_\_\_\_

Contact Nos - Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Group Name/No. \_\_\_\_\_ Certificate No. \_\_\_\_\_

Position/Job Title \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Gender  Male  Female Marital Status  Single  Married  Divorced  Widowed  Legally Separated

### PART 2 TYPE OF CHANGE REQUESTED (please tick all that apply)

1.  Change coverage to:  SHIC  SHIC Plus  Provident Plan  Premier Health  
 Individual  Family  Individual & Child  Individual & Children

If adding a spouse, please attach a copy of the Marriage Certificate and advise date of marriage \_\_\_\_\_

If adding an adopted child, please attach a copy of the Adoption Certificate and advise date of adoption \_\_\_\_\_

If adding a child with a different last name, please include a copy of their Birth Certificate.

2.  Remove a Dependent OR  Add a Dependent For either adding or removing a Dependent, complete chart below:

If removing a family member, give reason and effective date: \_\_\_\_\_

Added/Removed Dependent(s) (Surname, First Name, Initials)	Date of Birth (DD/MM/YY)	Relationship

3.  Change address to address noted in Part I.  
 4.  Change name from \_\_\_\_\_ to name noted above.

Please attach supporting documentation proving name change.

### PART 3 DECLARATION AND SIGNATURES

#### Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan British Caymanian Insurance Agencies Limited may process any and all of the personal data provided.
- I consent to British Caymanian Insurance Agencies Limited processing my personal data, in accordance with British Caymanian Insurance Agencies Limited's Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to British Caymanian Insurance Agencies Limited in respect of any third party, is done with that third party's consent and knowledge of British Caymanian Insurance Agencies Limited processing of their personal data.

## Health Insurance

- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE</b>	Service Code:	Effective Date of Coverage:

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Health Insurance and Employee Benefits  
**INSURANCE | HEALTH | PENSIONS | LIFE**  
A member of Coralisle Group Ltd.

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of Coralisle Medical Insurance Company Ltd.; it does not act as an insurance broker on behalf of its customers.