CG | BRITCAY

INFORMATION CHANGE REQUEST

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 ☐ Individual ☐ SHIC Plus ☐ Family ☐ Provident Plan ☐ Individual & Child ☐ Premier Health ☐ 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 SIGNATURES

Signature of Employee _____ Date _____

Signature of Employer _____ Date _____

FOR OFFICE USE	Service Code:	Effective Date of Coverage:

British Caymanian Insurance Agencies Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands
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Health Insurance and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

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