The Family Indemnity Plan

CHANGE OF PLAN

CUNA CARIBBEAN INSURANCE

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX

This Change of Plan shall be effective on the first day of the month following the date the Insured delivers this form to and is received by your organisation.

MEMBER'S FIRST NAME | **MIDDLE NAME** | **LAST NAME**

Date of Birth: DD MM YYYY **Gender:** M ☐ F ☐ **ID:** ☐ **DP:** ☐ **PP:** ☐

Membership No.: **Member's Telephone No.:**

Address Line 1:

Address Line 2:

City: **Country:**

Email: **Country of Birth:**

Organisation:

Please indicate CURRENT FIP PLAN:

Plans	A ☐	B ☐	C ☐	D ☐	E ☐	F ☐	G ☐
Monthly Premium	$52.80	$79.20	$105.60	$158.40	$211.20	$343.20	$528.00
Individual Benefit	$10,000.00	$15,000.00	$20,000.00	$30,000.00	$40,000.00	$65,000.00	$100,000.00

Please Indicate FIP PLAN UPGRADE OPTION:

Plans	A ☐	B ☐	C ☐	D ☐	E ☐	F ☐	G ☐
Monthly Premium	$52.80	$79.20	$105.60	$158.40	$211.20	$343.20	$528.00
Individual Benefit	$10,000.00	$15,000.00	$20,000.00	$30,000.00	$40,000.00	$65,000.00	$100,000.00

Amount Due $: ☐☐☐☐ . ☐☐

Date Paid: ☐☐ - ☐☐ - ☐☐☐☐ (dd - mm - yyyy)

I understand that there will be a six-month waiting period for the higher benefit under this change of plan. I also understand that if, in the case of death, a claim is incurred during the six-month waiting period, the claim benefit will be based on the value of the lower plan (except in the case of accidental death). I further understand that starting with the Effective Date of Change, the premium I will pay will be greater due to the increase in coverage under the new plan.

I agree to receive direct communication from CUNA Caribbean Insurance Society Limited (CCISL) via written notice, SMS, email, etc. about information pertaining to my insurance coverage and other products and services offered by the company.

By signing this document I confirm that I have read and understand the above information.

Signature of Member

Signature of Authorised Organisation Officer

Name (in Block letters) _____