For Official Use Only

CUNA CARIBBEAN INSURANCE
OECS LTD.

St Lucia Credit Union League Building
William Peter Boulevard
Castries, St. Lucia, W.I.

The Family Indemnity Plan

CHANGE OF INSURED

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 Name

This Change of Insured shall be effective only when the Insured delivers this form to the organisation through which he/she holds his/her certificate and the organisation files the Change of Insured form with CUNA Caribbean Insurance OECS Limited. You must inform the organisation within 30 days of any change. If you do not inform the organisation of a change within 30 days, there will be a six (6) month waiting period for benefits due to natural death (accidental death benefits will be paid). At no time may more than six (6) persons be insured under one certificate.

Check the situation which applies:

- ☐ Divorce of the Insured - deleting the former spouse and adding another insured
- ☐ Child has reached age 1
- ☐ Child has reached age 26
- ☐ Re-marriage of Insured - adding the new spouse
- ☐ Death of an Insured
- ☐ Other Explain _____

Name of the person being deleted

Name of the person being added

Sex

☐ F ☐ M

Relationship To Member

Date of Birth

mm / dd / *yyyy*

I understand that there will no longer be any coverage on the person deleted from the plan. The person being added will be the newly insured under the plan.

It is the sole responsibility of the Insured to ensure that eligible persons for whom applications are made are not insured persons who have existing coverage under The Family Indemnity Plan 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 Insured'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 Certificate that is first in time.

Signature of Member

Date

mm / dd / *yyyy*

Signature of Authorized Officer

Date

mm / dd / *yyyy*