

GROUP POLICY ALTERATIONS

Please check all details, then complete the relevant areas of the form and return it to:
 BSP Health Care (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
 Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj



PLEASE READ THESE NOTES:

- This form must be completed to add or remove Life Insureds and make adjustments to Sum Insureds for a Group Policy.
- This form needs to be authorised by the Policy Owner/Broker and only applies if the Group is the Policy Owner. If a Primary Insured/Policy Owner wishes to amend his/her details under the Policy, please use the Change Personal Details Form.

Section A: Policy Details

Group Name: _____

Section B: Insureds to be added/removed from the Group

Policy Number	Name of Life Insured	Description of alteration			Sum Insured (Applicable to Term Life)	Effective Date of Change
		Addition of Insured	Removal of Insured	Adjustment of Sum Insured		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD/MM/YYYY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section C: Authorised by

Full Name: _____ Signature: _____ Date: DD/MM/YYYY

Position: _____

For Office Use Only

- Checklist: Impress received stamp on the form.
 For additions to the Group, an Application Form must be completed.

Action Taken:

	Name	Signature	Date
Received by:			
Authorised by:			