

# REPLACEMENT HEALTH IDENTIFICATION CARD



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 is to be completed to apply for a replacement card for MEDICAL policies only.
- A fee of \$5.00 is charged for each replacement card. A receipt must be attached with this form.
- If card(s) were stolen, attach a Police Report with this form for waiver of fee(s).
- This form must be signed by the Policy Owner or Broker.
- If you would like a Third Party to collect the card on your behalf please provide that person with a signed letter of authority.

### Section A: Current Details

Policy Number: \_\_\_\_\_

Policy Owner Name(s): \_\_\_\_\_

### Section B: Replacement Card Required For

Name on Card	Reason for Replacement <i>(please tick one)</i>			
	Stolen card	Lost card	Damage card	Non receipt of card by Insured
	<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"/>
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section C: Method of Collection

In Person       Third Party       Post

Postal Address: \_\_\_\_\_

For Third Party collection, a Letter of Authority and identification from that Third Party must be produced.

### Section D: Authorisation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

- Checklist:  Impress received stamp on the form.  
 The fee (\$5.00 per card) and/or Police Report must be submitted with the application.  
 A Letter of Authority along with the identification of the Third Party must be sighted at point of collection.

Action Taken:	Name	Signature	Date
Received by:			
Authorised by:			