

CHANGE PAYMENT FREQUENCY



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:

- The Policy Owner can request for a Change in Payment Frequency.
- Ensure that the payment frequency is available for your option.
- Complete and attach a Periodic Payment Transfer (PPT) form for transfers from Bank accounts.
- Complete and attach a Deduction Authority (DA) form for salary deductions.
- Change Payment Frequency form must be signed by the Policy Owner.

Section A :Policy Details

Policy Number:

Policy Owner Name(s):

Section B : Payment Frequency

Select NEW Payment Frequency in this section.

Weekly Fortnightly Semi-Monthly Monthly Quarterly Semi-Annual Annual

For Group Schemes, the following payment frequencies are available - Weekly, Fortnightly, Semi-Monthly, Monthly, Quarterly, Semi Annual and Annual.

For Direct Payment, the following payment frequencies are available - Quarterly, Semi-Annual and Annual.

Section C: Declaration

I hereby confirm details above to be correct and request for the change to be applied to the policy.

Full Name:

Signature:

Date:

For Office Use Only

Checklist: Impress received stamp on the form.

Change Payment Frequency Form must be signed by the Policy Owner.

PPT or DA form is completed and attached to form.

Action Taken:

Name

Signature

Date

Received by:

Authorised by: