

CHANGE OF GENDER/DATE OF BIRTH



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 for change of gender for Medical and Term Life policies.
- This form is to be completed for change of date of birth for Medical, Term Life and Travel policies.
- This form must be completed for each person whose details require changing.
- The new premium payment is required before any change is applied (except for Broker policies).
- A certified copy of the Birth Certificate must be submitted for change in gender and date of birth.
- The Change of Gender/Date of Birth application is valid for 30 days from the request date.
- This form must be signed by the Policy Owner.

Section A : Policy Details

Policy Number:

Policy Owner Name:

Section B : Personal Details

The details for the following person are to be changed:

Select details to be changed for: Policy Owner Primary Insured Spouse Dependent

First Name:

Middle Name:

Last Name:

Select change to be made: Gender Date of Birth

Complete this section for change in Gender:

Original Gender:

New Gender:

Reason for change:

Complete this section for change in Date of Birth:

Original Date of Birth:

New Date of Birth:

Reason for change:

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:

Section D: For Office Use Only

Checklist: Form completed for Change of Gender/Date of Birth.

Supporting documentation is attached to the application.

Action Taken:

Received by:

Name

Signature

Date

Authorised by: