

CHANGE COVER APPLICATION



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 policy change requests on Medical, Term Life and Travel Insurance Policies.
- All policy alterations that lead to an upgrade in cover and/or the addition of a Rider require the completion of a Proposal form. Please request this from your Sales Advisor, Broker or from a BSP Life Customer Service Centre.
- The new premium payment is required before any change is applied (except for Broker policies).
- The Change of Cover Application is valid for 30 days from the request date.

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:

Complete the NEW details of the Policy Owner, Primary Insured, Spouse or Dependent where applicable only.

Select policy change details:

Medical

- Downgrade Base Cover to
- Add Dental/Optical Rider
- Delete Rider (name)
- Remove Spouse/Dependent

Term Life

- Delete Rider (name)
- Reduction in Sum Insured to

Travel

- Amend/Extend Travel Cover to
- Change Commencement Date to

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: Impress received stamp on the form.

Form completed in full.

Change of Cover Form must be signed by the Policy Owner.

Action Taken:

Received by:

Name

Signature

Date

Authorised by: