CUNA CARIBBEAN INSURANCE
JAMAICA LTD.

THE FAMILY INDEMNITY PLAN

TRANSFER FORM

Instructions: **(1) <u>This transfer form must be accompanied by an enrollment form listing all persons who are currently actively enrolled on the certificate</u>.**

(2) No changes to the certificate will be permitted during the transfer process.

(3) The certificate must have a current paid through date before it can be transferred.

The transfer shall be effective on the first day of the month following the date the Insured signs this form and it is received by the Organization.

Insured's Name _____

Current Certificate No. _____ Membership/Account No. _____

Address of Insured _____

E-mail _____ Cell No. _____-_____

Name of Organization Transferring from _____

Name of Organization Transferring to _____

I understand that if this transfer is effective before I have completed the six-month waiting period I will be subject to the remainder of the waiting period under the new certificate.

I understand that by signing this transfer form, my Certificate at_____ will be cancelled to facilitate the transfer.

Signature of Insured _____ Date____/_____ /_____
DD / MM / YYYY

CERTIFICATE OF ORGANIZATION – <u>To be completed by the receiving Organization</u>

I hereby certify that the above named insured is a bona fide member/client of the undermentioned organization and is to be covered under the Family Indemnity Plan (FIP) Policy No. _____, held with **CUNA Caribbean Insurance Jamaica Limited**. We will remit premiums on his/her behalf and be subject to all provisions under the FIP Policy.

Organization Name: _____ Telephone _____

Address of Organization _____

Name of Organization Officer_____ Position/Title _____

Signature of Authorized Organization Officer_____ Date: _____/_____/_____