

Generali Worldwide

Health Insurance – Advice of Change Form



Please complete all sections in **BLOCK CAPITALS** or tick the boxes, where appropriate.

Group name: Group Number:

Employee's Name: Policy ID number:

1. Termination of Employment: Yes No Termination Date:

2. Salary Change – New annual salary: Effective Date:

3. Employee Name Change – From: To:

Please attach legal documentation

4. Addition of Dependant(s):

Name:	Middle Initial:	Surname:	Date of Birth:	Relationship:		
				Spouse:	Daughter:	Son:
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

5. Termination of benefit: Medical Dental Vision Termination Date:

Reason for Termination:

6. Termination of Dependant(s)

Name:	Middle Initial:	Surname:	Date of Birth:	Relationship:		
				Spouse:	Daughter:	Son:
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

7. Address Change:

Effective Date:

Telephone Number:

Email Address:

Employee signature:

Authorised signature of Employer:

Date:

Date:

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.
Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas.
Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas.
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salesbahamas@generali-worldwide.com

Generali Worldwide is a trading name of Utmost Worldwide Limited

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.
Regulated in Guernsey as a licensed insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).
Incorporated in Guernsey under Company Registration No. 27151.
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