

# 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.  
T +1 242 328 6330 F +1 242 328 5972  
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.  
generali-healthcare.com  
*Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.*