

# Generali Worldwide

## Group Health Insurance – Enrolment and Changes Form



**PLEASE COMPLETE RELEVANT SECTIONS AND FAX, MAIL OR SCAN & EMAIL TO:**

Generali Worldwide  
PO Box 10281, Grand Cayman, KY1-1003 Cayman Islands  
Tel. +1 345 940 2000 Fax +1 345 943 7288

E-mail address: [caymanservicing@generali-healthcare.com](mailto:caymanservicing@generali-healthcare.com)  
Website Addresses & Forms at: [generali-healthcare.com](http://generali-healthcare.com)

From:

Group No:

COMPANY NAME

**1. ADD:** Include Health Insurance Application Form if enrolling a new employee or a new dependant.

Employee Name:

Employment Date:       (MM/DD/YY)

Effective Date of Coverage:       (MM/DD/YY)

**ADD DEPENDANT:**

Employee Name:

ID No.:

Dependant Name:

Date of Birth:

      (MM/DD/YY)

Sex: Male  Female

**2. TERMINATE COVERAGE:** Please note that all requests to cancel coverage must be received by Generali Worldwide no later than 4:00 p.m. on the last working day of the month in which coverage ceases. **Retroactive terminations are not permitted. All termination instructions must be received prior to the 1<sup>st</sup> of the month.**

Name:

ID No.:

With Effect from:       (MM/DD/YY)

Last Day of Employment:       (MM/DD/YY)

Coverage under the plan (excluding life and AD&D) may be extended for three months following the date of termination.

All premium payments must be made to Generali by the Employer, and we will not accept personal cheques from Employees.

**3. CHANGE:** (Example: name changes, salary changes, dropping dependant coverage, transfers between Generali groups, identification card requests, corrections, etc.)

Name:  ID No.:

Description of Change:

Effective Date of Change:       (first or last day of month only) (MM/DD/YY)

Duplicate ID card request: Family member  Entire family

Authorized Signature:  Date:      (MM/DD/YY)

Print Name:

Telephone Number:

Office: Generali Worldwide, Suite 14, Grand Pavilion Commercial Centre, 802 West Bay Road, Grand Cayman, KY1-1003

Mailing address: Generali Worldwide, PO Box 10281, Grand Cayman, KY1-1003 Cayman Islands.

Regulated in the Cayman Islands as a licensed insurer by the Cayman Islands Monetary Authority.

Incorporated in Guernsey under Company Registration No. 27151.

Tel. +1 345 940 2000 Fax +1 345 943 7288 Email [caymanservicing@generali-healthcare.com](mailto:caymanservicing@generali-healthcare.com)

[generali-healthcare.com](http://generali-healthcare.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).

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