



The group division of Family Guardian Insurance Company Limited

INDIVIDUAL ADVICE OF CHANGE FORM					
Subscriber's Name:				Group Number:	
Member's Name:				ID Number:	
1. Termination of Medical Coverage:		Reason for Termination:		Termination Date: (mm/dd/yyyy)	
2. Member's Name Change: <small>(Please provide legal documentation. In the event of marriage, please present the marriage certificate)</small>		From:		To:	
3. Addition of Dependent(s):		Dependent Name: <small>(first, middle initial, last)</small>		Sex:	Date of Birth: <small>(mm/dd/yyyy)</small>
Relationship:		<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other		Effective Date: (mm/dd/yyyy)	
4. Termination of Dependent:		Name: <small>(First, Middle Initial, Last)</small>		Birth Date: <small>(mm/dd/yyyy)</small>	
				NIB #:	
Termination Date: <small>(mm/dd/yyyy)</small>					
Relationship:		<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other		Effective Date: (mm/dd/yyyy)	
5. Addition of Benefits:		<input type="checkbox"/> Life & Dependent Life		Effective Date: (mm/dd/yyyy)	
6. Termination of Benefit:		<input type="checkbox"/> Dental & Vision <input type="checkbox"/> Life & Dependent Life		Termination Date: (mm/dd/yyyy)	
7. Plan Change:		From:		To:	
		<input type="checkbox"/> BahamaHealth Choice Plus		<input type="checkbox"/> BahamaHealth Select	
		<input type="checkbox"/> BahamaHealth Select		<input type="checkbox"/> BahamaHealth Value	
		<input type="checkbox"/> BahamaHealth Value		<input type="checkbox"/> BahamaHealth Hospital Plus	
		<input type="checkbox"/> BahamaHealth Hospital Plus			
		Effective Date: (mm/dd/yyyy)			
8. Date of Birth Change:		From: <small>(mm/dd/yyyy)</small>		To: <small>(mm/dd/yyyy)</small>	
				Effective Date: (mm/dd/yyyy)	
9. Billing Mode Change:		Payment Type From:		Payment Type To:	
		<input type="checkbox"/> Annual		<input type="checkbox"/> Annual	
		<input type="checkbox"/> Semi-Annual		<input type="checkbox"/> Semi-Annual	
		<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly	
		Effective Date: (mm/dd/yyyy)			
10. Address or Telephone Change:		New Address:			
		New Telephone Number:			
		New Email Address:			
		Effective Date: (mm/dd/yyyy)			
10. Other:		Reason:		Effective Date: (mm/dd/yyyy)	
Authorized Signature (Subscriber/Member):					
Date:				Telephone Number:	