

# Amendment Form

Policy Holder: \_\_\_\_\_

Insured: \_\_\_\_\_ Policy No(s): \_\_\_\_\_

Agent/Intermediary: \_\_\_\_\_ Date: \_\_\_\_\_

Addition of Catastrophe Cover  Change in Plan at Renewal  Addition of baby before delivery

Cancellation  Deletion of Member  Other

I refer to the abovementioned Policy/policies and would be grateful if you would bring the following alteration with effect from the \_\_\_\_\_:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby agree to settle any additional premium which may be due/accept any refund following the above mentioned alterations.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### INTERNAL USE / USAGE INTERNE

Received / Reçu : .....

Approved / Approuvé : ..... Rejected / Rejeté : .....

Remarks / Remarques : .....