Policy Change Acknowledgement

NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

RoyalStar House
Second Floor,
John F. Kennedy Drive
P.O. Box EE-15606
Nassau, Bahamas

Date: _____

Re: Change of Policy/Certificate

This confirms that I, and all family members included on this application, am/are not renewing the current policy/certificate #_____ _____. Instead, I/we have voluntarily chosen to replace the policy/certificate by completing an application for a new international health plan known as _____.

In making this change, I/we understand:

1. The benefits, terms, and conditions of the old policy/certificate will cease on the termination date of the old policy/certificate.
2. The new replacement policy/certificate's benefits, terms, and conditions will begin on the effective date of the new policy/certificate. I, and all family members under this policy/certificate, will be considered newly insured(s) under the policy/certificate.
3. All benefits, terms, and conditions of the new policy/certificate are set forth in the policy documents and no other representations have been made to me in regards to the benefits, terms, and conditions of the coverage being obtained.

_____ _____
Name of primary insured

_____ _____
Signature of primary insured

_____ _____
Address

_____ _____
City Country Zip

Contact Information:
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