

# Application for **Changes or Updates**



Policy number:

## Section I. Information of the **Policyholder to Change**

1. Full name (current):

2. Passport or ID number (current):

3. Address (current):

4. City (current):

5. State (current):

6. Zip code (current):

7. Country (current):

8. Occupation (current):

9. Email address (current):

10. Phone number (current):

11. Fax (current):

12. Marital status (current):

13. Weight (current):

14. Payment frequency (requested):

15. Are any of the dependent applicants currently living outside of the primary insured's country of residence?

Yes No

16. Beneficiary full name (to receive payments on behalf of the policyholder) (current):

17. Other information:

## Section II. Inclusion/Exclusion/Update of **Dependent(s)**

Spouse, domestic partner, biological children, stepchildren, or legally adopted children by the policyholder or to whom the policyholder has been named legal guardian (children must be single).

### CHANGE OR UPDATE 1

1. Type of change or update:

2. Full name of dependent:

3. Passport or ID number:

4. Country of residence:

5. Relationship to the policyholder:

6. Date of birth:

7. Gender:

8. Is the dependent over 18 years old and a full-time student?

### CHANGE OR UPDATE 2

1. Type of change or update:

2. Full name of dependent:

3. Passport or ID number:

4. Country of residence:

5. Relationship to the policyholder:

6. Date of birth:

7. Gender:

8. Is the dependent over 18 years old and a full-time student?

## Section II. Inclusion/Exclusion/Update of **Dependent(s)**

### CHANGE OR UPDATE 3

1. Type of change or update:

2. Full name of dependent:

3. Passport or ID number:

4. Country of residence:

5. Relationship to the policyholder:

6. Date of birth:

7. Gender:

8. Is the dependent over 18 years old and a full-time student?

If a dependent is over 18 years of age and a full-time student (minimum of twelve (12) credits per semester), a copy of a certificate or proof from the education institution must be attached.

## Section III. **Coverage**

1. Plan (requested):

2. Deductible option\* (requested):

3. Additional coverage:

<input type="button" value="Organ transplant Include Remove"/>	Travel VIP Light. This rider offers coverage per person, per policy year. Please select the applicant(s) you would like to purchase this rider for:				
	All the Applicants	Policyholder	Dependent 1	Dependent 2	Dependent 3
<input type="button" value="Maternity and newborn complications Include Remove"/>	<input type="button" value="Include"/>	<input type="button" value="Include"/>	<input type="button" value="Include"/>	<input type="button" value="Include"/>	<input type="button" value="Include"/>
	<input type="button" value="Remove"/>	<input type="button" value="Remove"/>	<input type="button" value="Remove"/>	<input type="button" value="Remove"/>	<input type="button" value="Remove"/>

(\*). When improving benefits, an Application for Individual Health Insurance must be completed. Changes in benefits, deductibles and payment methods will be effective only in the renewal of your policy. To change the payment method of your policy, please complete the Payment Form.

1. Full name of the policyholder:

2. Signature of the policyholder:

3. Date:

### TO BE COMPLETED BY THE AGENT

As Agent, I accept full responsibility for the information contained in this document, which was directly provided by the insured.

4. Agent's full name:

5. Agent's signature:

6. Date:

**VUMI® GROUP, I.I.**  
**ORGANIZED UNDER CHAPTER 61 OF THE PUERTO RICO INSURANCE CODE.**  
**NO COVERAGE ISSUED BY THIS INSURER IS PROTECTED BY ANY**  
**GUARANTEE OR INSOLVENCY FUND IN PUERTO RICO.**

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