



## REQUEST FOR REPLACEMENT OF CARD/S

PRIMARY INSURED MEMBER'S NAME: \_\_\_\_\_

MEMBER ID #: \_\_\_\_\_ DEPT#: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

PICK UP LOCATION:    MAIN OFFICE                      SAVANNAH OFFICE                      CAYMAN BRAC OFFICE

**CATEGORY:**

- CIVIL SERVANT
- PENSIONER
- SEAMAN
- VETERAN
- INDIGENT/SOCIAL PROGRAM
- SHIC

**REQUESTING CARD/S FOR:**

PRIMARY: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

DEPENDENT/S: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- LOST                       CHANGE OF INFORMATION                       DAMAGED

REQUESTED BY MEMBER: \_\_\_\_\_ (PRINT NAME)

PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: THERE IS A CI\$10.00 FEE PER CARD-3 DAY PROCESSING (TO BE PAID UPON REQUESTING)**

Telephone: 345-949-8101  
Fax: 345-949-8226  
Cayman Centre  
Suite 4 & 5, Dorcy Drive  
P.O. Box 10112  
Grand Cayman KY1-1001