

GROUP MEDICARE TACAWUN MEMBER DELETION/DEPENDANT DROP FORM

INSTRUCTIONS:

1. This Form use for **DELETION** of the Existing Member and/or his/her Dependants from Tacawun Ins.
2. Application Form must be **signed** and **stamped** by your **HR/Admin Manager** where indicated.

1. CHANGE REQUEST

Request For (Please Select) <input type="checkbox"/> Deletion Members <input type="checkbox"/> Dropping Dependants										
With Effect From:		D	D	M	M	Y	Y	Y	Y	
Reason For DELETION Members (Please Select)					Reason For DROPPING Dependants (Please Select)					
Left Employment					Divorce					
Lay off					Death					
Others (Pls. Explain)					Others (Pls. Explain)					

2. DELETION MEMBER/DROPPING DEPENDANT INFORMATION

No	Full Name	Membership No	No. of Dependants (When Principal Member Deletion)	Medical Cards Collected	
1				Yes	No
2				Yes	No
3				Yes	No
4				Yes	No
5				Yes	No

3. DELETION/DROPPING TERMS AND CONDITIONS

- i. Principal Member Deletion request automatically deleted all dependants of respective member's.
- ii. Dropping dependants for others reason will be applicable subject to TIA acceptance
- iii. TIA will arrange to adjust Pro-rata Unutilized Premium for such Employee (and the Insured Dependents) after 90 days from deletion/dropping date.
- iv. Medical Card must be returned to the TIA Office on cessation of coverage of members and dependants.
- v. USD 25 will be charged for unreturned card/ failure to return card
- vi. Any utilization of the card to access healthcare services thereafter will result in the insured person, whose cover has been terminated, and the organization, being liable in respect of the cost of such claims.
- vii. Employer will be liable for any related undue Claims under the Hold Harmless Clause of the Health Insurance/Medicare Tacawun Policy Contract.
- viii. No premium shall be refunded in respect of any outgoing Member who has enjoyed any claim under the plan.

4. DECLARATION

I, the undersigned on behalf of my organization understood the deletion/dropping terms and condition. I oblige to return the medical card to the TIA office.

<p>Stamp of Employer (Mandatory)</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto;"></div> <p>Date: <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; border-radius: 10px; width: 100%; height: 50px; margin-bottom: 10px;"></div> <p style="text-align: center;">Signature of Authorized Person of Employer</p> <p>Full Name: <input style="width: 100%;" type="text"/></p>
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Principal Member Sign Required, when Dropping Dependant:

<div style="border: 1px solid black; border-radius: 10px; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>Date</p>	<div style="border: 1px solid black; border-radius: 10px; width: 100%; height: 40px; margin-bottom: 5px;"></div> <p>Signature of Principal Member</p>
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