



## Request form for Replacement Card(s)

### PRIMARY INSURED MEMBER DETAILS

Member Name:

Member ID:

Dept No:

Receipt No:

Pickup Location:

Main Office

Savannah Office

Cayman Brac Office

### CATEGORY

Membership Category:

Civil Servant

Pensioner

Seaman

Veteran

Indigent Social Programme

SHIC

### CARD REQUEST DETAILS

Primary Name:

Spouse Name:

Dependant(s) Name(s):

Reason for Request:

Lost

Change of Information

Damaged

Requested by Member:

Contact No:

### SIGNATURE

Signature:

Date:

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