



Seaman Change of Information

Group#30101
Plan Type #Plan 5
GCM Seafarers Assoc.

Please type or write clearly.

MEMBER INFORMATION

Full Name:	(First)	(Middle)	(Last)
Organization :	GCM Seafarers Association		
Date of Birth:	(dd/mm/yyyy)		
Health Insurance No.:			

CHANGE OF CIRCUMSTANCES DETAILS

Please indicate below the change in your personal circumstances and then complete the relevant information:

- 0 **MARRIAGE:** Attach copy of Marriage Certificate and spouse's birth certificate.
 Full Name of Employee after marriage: _____
 Full Name of Spouse after marriage: _____
- 0 **BIRTH OF CHILD/CHILDREN:** Attach copy of Birth Certificate(s).
 Full Name of Child: _____
 Date of Birth: _____
- 0 **DEATH OF SPOUSE OR DEPENDENT:** Attach copy of Death Certificate.
- 0 **ADOPTION OF CHILD/CHILDREN:** Attach a copy of Adoption Certificate(s) and, if applicable, attach legal certificate(s) of any name change(s). State full name of child/children:

- 0 **BECOMING A STEPPARENT:** Attach a copy of each child's Birth Certificate and your Marriage Certificate.
- 0 **CHILD UNDER 19.** Attach a copy of each child's Birth Certificate and your Marriage Certificate.
 Full Name of Child: _____
 Date of Birth: _____
- 0 **CHILD UNDER 23 ATTENDING BOARDING SCHOOL/COLLEGE/UNIVERSITY FULLTIME:** Attach proof of schooling.
 Full Name of Child: _____
 Date of Birth: _____
- 0 **CHANGE OF NAME BY DEED POLL:**(For Employee/Dependent(s)): Attach copy of Deed Poll.
- 0 **OTHER:** (please specify and give details): _____

NOTE: The Government Entity Manager or person designated by him/her must sign all certificates, having had sight of the original document. Failure to submit the necessary documents may result in non-provision of medical benefits.

Signed: _____ Date: _____
MEMBER dd/mm/yyyy

Signed: _____ Date: _____
Manager dd/mm/yyyy