



**BAF INSURANCE COMPANY**  
(CAYMAN) LTD.

**REQUEST FOR REPLACEMENT OF ID CARD(S)**

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ GROUP #: \_\_\_\_\_

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

**DEPENDENTS:**

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_

LOST:       NEVER RECEIVED:       CORRECTION OF DATA:       DAMAGED:

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

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

**PLEASE NOTE: A \$10.00 FEE IS DUE ON SUBMISSION OF THIS FORM**