



INDIVIDUAL HEALTH INSURANCE ENROLLMENT

TO: BAF Financial Insurance (Cayman) Limited
Health Department
P.O. Box 10389
Grand Cayman KY1-1004
Cayman Islands

Date:

FROM

Employer Name:

Full Address:

Email Address:

Telephone Number:

P.O. Box:

KY1#:

I/We wish to advise the following employee/s is/are employed by me and as such, I/we would appreciate if you could process the attached Health Insurance application/s.

Name of Employee	Date of Employment

Yours Truly,

Authorized Signature

Print Name

Title

Agent