



Changes Request on Prepaid Contract

FILE NUMBER (For internal use only) _____

Type of changes

- Inclusion
 Change of main title holder
 Change on the type of plan
 Reactivation
 Change of basic information
 Transfer
 Id duplicate
 Inclusion of newborn
 Exclusion
 Others: _____

General information about the company

(1) NAME	(3) CONTRACT NUMBER
(2) EFFECTIVE DATE (dd/mm/yyyy)	(4) PLAN

(5) FAMILY NUMBER	(6) NAME OF THE MAIN HOLDER/ DEPENDANT	DEPENDANT QUANTITY	(7) RELATIONSHIP	(8) NEW PLAN	(9) NEW CONTRACT	(10) EXCLUSION CAUSE

signature and stamp of the contracting company or promotor

Date (dd/mm/yyyy)

Required information:

Inclusion: (1, 2, 3, 4, 6, 7, 11) Exclusion: (1, 2, 3, 5, 6, 7, 10, 11) Reactivation: (1, 2, 3, 5, 6, 7, 11) Duplicate: (1, 3, 5, 6, 7, 11) Transfer: (1, 2, 3, 5, 6, 7, 9, 11)

Change on the type of plan: (1, 2, 3, 5, 6, 7, 8, 11) Inclusion of newborn: (1, 2, 3, 4, 6, 7, 11, Obstetrician's certificate, sonographic report with maximum age of two weeks from the inclusion request)

Note: A form must be completed by type and contract.