THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

APPOINTMENT OR CHANGE OF BENEFICIARY FORM
STUDENT'S HEALTH INSURANCE SCHEME

Part 1. Personal Details

Last Name	Title	ID No.
	Miss./Mrs./Mr.	

First Name	Middle Name	Date of Birth

Address

Apt/Street/PO Box		
City/Town/Post Office		Parish/County
State	Zip/Postal Code	Country

Part 2. Nomination**

Please state to whom you would like any sum benefits to be paid under the scheme in the event of your death. Please also state his/her relationship to you and, if you nominate more than one person, what share of the benefit you would like each person to receive. Organizations such as charities may be nominated if you wish. This nomination replaces any other nomination you may have made in the past.

If beneficiary is a minor (that is a person under 18 years) or suffers some legal incapacity, it is recommended that a trustee be appointed to act on behalf of the beneficiary (ies).

Full Name	Date of Birth (if known)	Address	Relationship	Share of Benefits %
TRUSTEE				

You may change nomination at any time by completing another nomination form, which The University of the West Indies (Mona) will provide.

I undertake to inform UWI of any further changes to the above information.

Signature	Date

****Disclaimer**
The University of the West Indies assumes no responsibility for the validity or effect of any beneficiary nomination