



BAF INSURANCE
COMPANY (CAYMAN) LTD.

GROUP HEALTH ENROLLMENT COVER

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

Date: _____

From: Employer Name: _____

Address: _____

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 Individual Health Insurance application/s.

Name of Employee:	Date of Employment

Yours Truly,

Authorized Signature

Print Name

Title

AGENT: _____