



**Insular**  
Health Care

**LOST MEMBERSHIP CARD**

Membership Policy No. \_\_\_\_\_ Issued to: \_\_\_\_\_

1. Do you have knowledge of anyone having possession of the policy now? If so give the name and address of such person or entity: \_\_\_\_\_.
2. (a) Who to your knowledge, last saw the membership policy \_\_\_\_\_  
 (b) Who was last responsible for its keeping? \_\_\_\_\_  
 (c) Where was it kept? \_\_\_\_\_  
 (d) When was lost first noticed? \_\_\_\_\_
3. What efforts have been made to find the membership card?  
 \_\_\_\_\_.

I hereby certify that the answers given to the above questions pertaining to the above numbered membership card, issued or assumed by the Insular Life Health Care, Inc. (herein called "Company") are true and correct of my own knowledge and belief.

On the basis of the above representations, I would like to request the company to issue a replacement of the membership card as described above, said replacement to be numbered the same as the original. In consideration of the granting of this request, the undersigned hereby agrees as follows:

- (1) That the replacement shall stand in the place and s tead of the original membership card/policy for all purpose; and that the original membership policy, if still in existence, shall be of no further force and effect.
- (2) That the original membership policy, if later found, shall be returned promptly to the Company.
- (3) To hold the Company free and harmless from any/all loss and injury that may occur as a direct and indirect result of its act of issuing said replacement.

\_\_\_\_\_  
Signature of Applicant-Owner

\_\_\_\_\_  
Date

**WITNESSES:**

\_\_\_\_\_  
Printed name & Signature

\_\_\_\_\_  
Printed name & Signature