



# Premier Health

To be completed by the employer for any additional employees and/or dependents, terminated employees or removed dependents or to detail any changes to employee information. Please complete, sign and email to [medical\\_admin\\_bm@cgcoralisle.com](mailto:medical_admin_bm@cgcoralisle.com) or fax to 441-295-9036.

Group Name \_\_\_\_\_ Group No. \_\_\_\_\_

[illegible]

Other/Additional Info:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be accompanied by a fully-completed Employee Enrolment Card    \*\*Please return all issued Insurance ID Cards    \*\*\*If adding a working spouse, please name their employer

**Coralisle Medical Insurance Company Ltd.** Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda  
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 296 3200 | Fax 441 295 9036 | [www.CGCoralisle.com](http://www.CGCoralisle.com)

Health Insurance and Employee Benefits  
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