GEO℠ Group Program Transfer Form

SECTION 1
Transferring from: ❑ Global Medical Insurance® (GMI) (individual plan) ❑ GEO Group (group plan)
If transferring from GEO Group to GMI, please choose an option: ❑ Full underwriting of GMI application ❑ Guaranteed Issue
Requested effective date of coverage transfer *(Day, Mo., Yr.):* *Note: To enroll in GMI, the requested effective date must be within 30 days of the date of loss of coverage or ineligibility under GEO Group.*

SECTION 2 - *Insured Information*			
Last name:		First name:	Middle Initial:
Residence address:			
City:	State:	Postal Code:	Country:
ID number:		Employer:	
Date employed *(Day, Mo., Yr.)*: From: To:		Date coverage began *(Day, Mo., Yr.)*: Ended: *(Must have been covered at least six months to quality for Transfer of Coverage from GEO Group to individual GMI)*	
Are you currently serving in the same vocation as you were under your previous IMG plan? ❑ Yes ❑ No			

SECTION 3 - *Dependents to be covered*	
Spouse name:	
Child name:	Date of birth *(Day, Mo., Yr.)*:
Child name:	Date of birth *(Day, Mo., Yr.)*:
Child name:	Date of birth *(Day, Mo., Yr.)*:
Child name:	Date of birth *(Day, Mo., Yr.)*:

Signature of applicant: _____ Date *(Day, Mo., Yr.)*: _____

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