



COPY REQUEST FORM OF THE INSURANCE POLICY

Insured's name: \_\_\_\_\_ Social Security Num.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Urb. / PO Box / Neighborhood/ RR / HC Num/ Street City Country Zip Code

Res. Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Policy Num.: \_\_\_\_\_ Plan: \_\_\_\_\_

I request the following:

- copy of the insurance policy- you may obtain a copy of your insurance policy over the internet site: www.sssvida.com
Insurance Certificate - no charge.

I certify that the insurance policy:

- It is lost, and I have not located it despite the efforts made for this purpose.
I have the original insurance policy in my possession. I am requesting a copy / certificate coverage for my convenience. I will not use this one for any other purpose.

Agreement: Triple-S Vida, Inc., will issue a certificate attesting to the loss of the insurance policy or any other acknowledgment of the policy issuance. In exchange for the issuance of the copy or certificate, each one of the undersigned agrees to the following:

- In the event the insurance policy is located, you must send the original policy to Triple-S Vida Home Office.
The Company and its affiliate will be indemnified and protected against any claim or suit that may be presented with respect to the original policy, including all expenses and incidental cost of any claim or suit. This agreement will have binding legal effects from now on concerning to executors, administrators, and heirs of those who signed.

Signed at \_\_\_\_\_, \_\_\_\_\_ Today, \_\_\_\_\_ 20\_\_\_\_\_.
City Country Day Month Year

INSURED'S SIGNATURE

BENEFICIARY'S SIGNATURE (if irrevocable)

WITNESS'S SIGNATURE

OWNER'S SIGNATURE (if different from the Insured)

OWNER'S MAILING ADDRESS

Authorized Representative

Debit or Authorized Representative Num. \_\_\_\_\_