



1 passport size photos each  
  
(Do not staple)

231 Waimanu Road, P O Box 14468, Suva.  
Phone: 3311055 Fax: 3303475

**UPDATE FORM TO BE FILLED BY PS-GIS HEALTH MEMBERS**

NAME : \_\_\_\_\_

EDP # : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MINISTRY : \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**Dependants Details:**

DEPENDANTS:	RELATIONSHIPS	M/F	DOB
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

**Note:** For members with **dependents over the age of 18 years**, we will only cover them if they are schooling, or attending a recognized tertiary institution and are private students depending solely on parents for support. **(Attach supporting letter from school/tertiary institute for evidence)**. This can also be send via fax to Dominion Insurance Fax Number – (679)330 3475. Those on scholarships will not be covered.