



CEBU CFI COMMUNITY COOPERATIVE

REQUIREMENTS FOR TRANSFER OF COVERAGE

1. For immediate family members:

- a. Fully filled out of application for transfer form. [Click here](#)
- b. HMO Card with validity or Certification from the accredited HMO or Company's Insurance/ healthcare
- c. Photocopy of the Valid ID of the Member with three (3) specimen signatures
- d. Photocopy of the child's Birth Certificate/School ID
- e. For the spouse, photocopy of the Marriage Certificate and valid ID with three (3) specimen signatures.
- f. Member's letter of request to transfer his/her MMAF Coverage