



CEBU CFI COMMUNITY COOPERATIVE

REQUIREMENTS FOR TRANSFER OF COVERAGE

2. For extended family members:

- a. Fully filled out of application for transfer form. [Click here](#)
- b. Certification from the accredited HMO or Company's Insurance/healthcare of the member
- c. Photocopy of the Valid ID of the member and extended family member with three (3) specimen signatures
- d. Any proof of kinship
- e. Member's letter of request to transfer his/her MMAF Coverage