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GROUP INSURANCE ENROLMENT CARD

PLEASE COMPLETE FORM IN BLOCK LETTERS

POLICYHOLDER NAME

ASSOCIATION ☐ EMPLOYER ☐ CREDIT UNION ☐ UNION ☐

APPLICANT'S SURNAME

DATE OF BIRTH
m m d d y y

SEX
M ☐ F ☐

APPLICANT'S FIRST NAME

MARITAL STATUS
SINGLE ☐ MARRIED ☐

DO YOU HAVE ANY OTHER FORM OF INSURANCE? TICK √

MOTOR ☐ FIRE ☐ BURGLARY ☐ MARINE ☐ LIFE ☐ MEDICAL ☐ IF YES, SPECIFY: ____

BENEFICIARY'S NAME (SURNAME FIRST) - *applicable to health/life*

BENEFICIARY'S RELATIONSHIP TO APPLICANT

APPLICANT'S OCCUPATION

APPLICANT'S EARNINGS

HOW ARE EARNINGS PAYABLE
Hourly ☐ *Weekly* ☐ *Monthly* ☐ *Annually* ☐

DATE EMPLOYED
m m d d y y

DATE CONFIRMED
m m d d y y

EFFECTIVE DATE
m m d d y y

AMOUNT OF LIFE INSURANCE

AMOUNT OF AD&D INSURANCE

HEALTH INSURANCE
YES ☐ NO ☐

DEPENDENTS TO BE COVERED?*
YES ☐ NO ☐
**If Yes, list below*

EMPLOYEE CATEGORY: EMPLOYEE ONLY ☐ EMPLOYEE & ONE ☐ EMPLOYEE & FAMILY ☐

ELIGIBLE DEPENDANTS TO BE INSURED

NAME	DATE OF BIRTH	RELATIONSHIP	EFFECTIVE DATE OF COVERAGE

I HEREBY apply for insurance under Policyholder's Group Plan and Authorize the deduction from my pay (if applicable) of any contribution I must make towards the cost of these or any future benefits. I also agree to produce evidence of age if required. If any beneficiary named above dies before me the interests of such beneficiary shall unless otherwise provided above accrue to the surviving beneficiaries or beneficiary or if none of my estate. I reserve the right to change any beneficiary named above.

Applicant's Signature

Policyholder's Signature & Stamp

Date

FOR OFFICIAL USE ONLY E. Only ☐ E. + One ☐ E. + Family ☐	REMARKS
EFFECTIVE DATE OF CHANGE:	

PLEASE TURN OVER

Beacon

AUTHORIZATION LETTER – AUTOMATIC CLEARING HOUSE (ACH)

Date:	
To:	
From:	
Subject:	DIRECT DEPOSIT INTO PERSONAL ACCOUNT

Account Name:			
Bank:	**Account Number**		**Branch**
First Citizens Bank Limited			
Scotiabank of Trinidad and Tobago			
RBC Royal Bank			
Citibank Limited			
Intercommercial Bank Limited	—		
Republic Bank Limited			
Account Type:	☐ Savings ☐ Checking ☐ Loan		
Branch Transit #:	***For Scotiabank Customers ONLY***		
Employee's Email Address:		**Contact #**	**Branch/Unit/Division**
	Name:	**Relationship:**	**Percentage Split:**

I ____

(Full Name in Block Letters)

hereby give consent for payments to be made directly to my account, the information for which is listed above.

Employee's Signature: ____

Received by: ____

Date received: ____