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www.beacon.co.tt **GROUP INSURANCE ENROLMENT CARD** DATE: PLEASE COMPLETE FORM IN BLOCK LETTERS ASSOCIATION EMPLOYER CREDIT UNION UNION POLICYHOLDER NAME APPLICANT'S SURNAME DATE OF BIRTH M | F | APPLICANT'S FIRST NAME **MARITAL STATUS** SINGLE MARRIED DO YOU HAVE ANY OTHER FORM OF INSURANCE? TICK  $\sqrt{\phantom{a}}$ 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 **DATE CONFIRMED EFFECTIVE DATE** m m d d y y m m d d y y m d d y DEPENDENTS TO BE COVERED?\* AMOUNT OF LIFE INSURANCE AMOUNT OF AD&D INSURANCE **HEALTH INSURANCE** NO YES YES NO 🗌 \*If Yes, list below EMPLOYEE CATEGORY: EMPLOYEE ONLY 

EMPLOYEE & ONE 

EMPLOYEE & FAMILY 

EMPLOYEE 

EMPLOYEE & FAMILY 

EMPLOYEE 

EMPLOYEE **ELIGIBLE DEPENDANTS TO BE INSURED** DATE OF BIRTH **RELATIONSHIP** EFFECTIVE DATE OF COVERAGE NAME I HEREBY apply for insurance under Policyholder's Group Plan and Authorize the deduc on from my pay (if applicable) of any contribu on 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 EMAIL: CONTACT# E. Only E. + One E. + Family REMARKS **EFFECTIVE DATE OF CHANGE:** 



## **AUTHORIZATION LETTER – AUTOMATIC CLEARING HOUSE (ACH)**

Date:				
То:				
From:				
Subject:	DIRECT DE	T DEPOSIT INTO PERSONAL ACCOUNT		
	1			
Account Nam	ne:			
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/Uni	Branch/Unit/Division	
		Name: Relationship: Percentage	Split:	
1				
hereby give co	nsent for pay	(Full Name in Block Letters) ments to be made directly to my account, the information for which is list	sted above.	
Employee's S	ignature: _			
Received by:	-			
Date received	<u> </u>			