



Group Policy #: _____
 Certificate #: _____
 Policy Effective Date: _____

GROUP INSURANCE ENROLLMENT FORM

First Name: _____ Middle Name(s): _____ Last Name: _____
 Date of Birth: _____ Sex: Male Female Title: Mr. Mrs. Ms.
DD / MM / YY
 Occupation: _____ Marital Status: Single Married Divorced/Separated
 Email Address: _____ Telephone no: _____ Home: _____ Work: _____
 No. of Dependents including Spouse? ____ Coverage: Life Health Do you wish to cover your dependents? Yes No

BENEFICIARY/BENEFICIARIES (applies to LIFE coverage only)

1. First Name: _____ Middle Initial(s): ____ Last Name: _____ Relationship: _____
 2. First Name: _____ Middle Initial(s): ____ Last Name: _____ Relationship: _____

BENEFICIARY WITNESS (Required if beneficiaries are listed)

1. Name: _____ Signature: _____
 2. Name: _____ Signature: _____

I reserve the right to change the beneficiary above subject to any statutory reasons. If the Group Plan provides that any contributions are to be made by me, I authorize my employer to deduct them from my pay.

_____ **Date** _____ **Signature**

TO BE COMPLETED BY EMPLOYER — Should be thoroughly completed

First Employed: _____ Date Appointed: _____ End of Waiting Period: _____ Effective Date of Insurance: _____
DD / MM / YY DD / MM / YY DD / MM / YY DD / MM / YY
 Earnings: Weekly Monthly Annually Salary: _____
 This employee has been continuously employed by us since the date of his/her employment shown and is at present working a minimum of 30 hours per week for a full pay.
 _____ **Administrator's Signature** _____ **Company Stamp**

DEPENDENTS TO BE INSURED — Relationships: Spouse, common law spouse, son, daughter, stepson or stepdaughter

Name	Date of birth <small>DD/MM/YY</small>	Relationship	Address

_____ **Applicant's Signature** _____ **Agent's Name & Signature**
(on behalf of him/her self and all others applying for coverage)

Important: Please verify that all the questions on this application are answered. All applications with incomplete questions will be returned to the applicant for more information. This will cause a delay in the process of enrollment.