Sagicor

GROUP INSURANCE ENROLLMENT FORM
(BARP)

Group Policy No.	Certificate No.	Occupation:	Male ☐ Female ☐	Mr. ☐ Mrs. ☐ Ms. ☐

First Name | Middle Name | Last Name

Address:

Telephone No: Mobile Home: Work:	Date of Birth: Day / Month / Year	Coverage: ☐ Life ☐ Health

Marital Status: ☐ Single ☐ Divorced ☐ Married Maiden Name_____ ☐ Separated ☐ Widow(er) ☐ Common Law	Do you wish to cover your dependants? ☐ Yes ☐ No	No. of dependants including spouse: **(Spouse must be a member of BARP)**

BENEFICIARY DESIGNATION

Name of Beneficiary: Relationship to Member:

Date of Birth: National Registration/Driver's Licence/Passport No: Nationality:

I reserve the right to change the beneficiary designated above, subject to any statutory requirement.

MEMBER HISTORY BARP *TO COMPLETE ALL ITEMS IN THIS SECTION THOROUGHLY*

BARP Member Number	
Membership Date	Day / Month / Year
Expiry Date	Day / Month / Year
Effective Date of Insurance	Day / Month / Year

This Member has been part of the association since the stated date of membership and is currently a financially paid up member.

_____
BARP's Stamp & Administrator's Signature

DEPENDANTS TO BE INSURED
1 = Spouse 2 = Common Law Spouse 3 = Son 4 = Daughter 5 = Stepson 6 = Stepdaughter

Name	Date of Birth	Relationship	Address
	Day / Month / Year		
	Day / Month / Year		
	Day / Month / Year		
	Day / Month / Year		

CONSENT TO RELEASE OF MEDICAL INFORMATION

I authorise any licensed physician, medical practitioner, hospital, clinic, medically related facility, insurance company, medical information bureau and any other organization, institution, or person that has any records or knowledge of my health, to release any such information to Sagicor Life Inc. ("Sagicor") and its Reinsurers.

DIRECT CREDIT AUTHORISATION

PLEASE FILL IN ALL FIELDS BELOW

ACCOUNT INFORMATION

Name of Bank:	**Branch:**
Account Number to be credited:	**Bank Transit Number:**

E-mail address:

1. This authorisation revokes and replaces all previous direct credit authorisations and shall continue to be in force until such time as I shall have expressly revoked it by at least 10 days' written notice delivered to Sagicor at its office. Any change in the account to be credited must be notified to Sagicor by filing a new Direct Credit Authorisation at least 10 days' before the change is to become effective.

2. It is understood and agreed that Sagicor shall not be required to obtain and will not seek confirmation or verification of the account information provided by me from the Bank or any third party and shall not be liable for any loss resulting from the inaccuracy of the information provided or from failure to notify Sagicor of a change of account in the manner provided for herein.

3. Any delivery of this authorisation to the Bank shall constitute delivery by the undersigned.

4. Sagicor may in its absolute discretion terminate this arrangement with immediate effect by written notice sent to my last known address on record.

---------- Date

---------- Signature of Member
(Please sign as recorded at Bank where authorising Direct Credit)

---------- Signature of Witness

---------- Name of Witness