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**GROUP INSURANCE ENROLMENT CARD**

*PLEASE COMPLETE FORM IN BLOCK LETTERS*

ASSOCIATION  EMPLOYER  CREDIT UNION  UNION

**POLICYHOLDER NAME**

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**POLICYHOLDER CONTACT**

(email) \_\_\_\_\_ (phone) \_\_\_\_\_

**APPLICANT'S SURNAME**

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**DATE OF BIRTH**

<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>				

**SEX**

M  F

**APPLICANT'S FIRST NAME**

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**MARITAL STATUS**

SINGLE  MARRIED

**DO YOU HAVE ANY OTHER FORM OF INSURANCE? TICK V**

MOTOR  FIRE  BURGLARY  MARINE  LIFE  MEDICAL  IF YES, SPECIFY: \_\_\_\_\_

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

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**BENEFICIARY'S RELATIONSHIP TO APPLICANT**

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**APPLICANT'S OCCUPATION**

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**APPLICANT'S EARNINGS**

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**HOW ARE EARNINGS PAYABLE**

Hourly  Weekly  Monthly  Annually

**DATE EMPLOYED**

<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>

**DATE CONFIRMED**

<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>

**EFFECTIVE DATE**

<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>

**AMOUNT OF LIFE INSURANCE**

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**AMOUNT OF AD&D INSURANCE**

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**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 \_\_\_\_\_

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>E. Only <input type="checkbox"/> E. + One <input type="checkbox"/> E. + Family <input type="checkbox"/></p> <p>EFFECTIVE DATE OF CHANGE: _____</p>	<p><b>REMARKS</b></p>   
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