Guardian Group
Guardian Life of The Caribbean Limited

easiCollect - ENROLMENT/CHANGE FORM

☐ **Enrolment** ☐ **Change** ☐ **Termination**

Section A – Client Information		
Client Name: …………………………………………………………………………………… First Middle Last		
Client Email Address: ……………………………………………………………		**Client Cell No.:** …………………………………………
☐ **Group Health Plan** Company Name: ……………………………… …………………………………………………	☐ **Individual Health Policy** Policy Number: …………………… ………………………………………	☐ **Provider** Provider Name: …………………………………… …………………………………………………

Section B – Identification (NOT APPLICABLE TO PROVIDERS)		
Insured ID (valid ID only):		
☐ National ID Card	☐ Driver's Permit	☐ Passport
#……………………………………………………………….		
PLEASE ATTACH A COPY OF VALID PICTURE IDENTIFICATION		

Section C – Bank Account Information	
Bank Name: ……………………………………………………………	**Branch:** ……………………………………………………………
Bank Account Number:	

#															

PLEASE ATTACH A COPY OF BANK STATEMENT SHOWING INSURED'S/ PROVIDER'S NAME AND BANK ACCOUNT NUMBER
(The header (top) of the Bank Statement displaying name and account number is acceptable)

Type of Account:

☐ Savings ☐ Chequing

I, the undersigned, do hereby authorize Guardian Life of the Caribbean to effect action as requested above with respect to my enrolment for/ termination of/ modification to records applicable to the dispatch of my Health Claim payments via ACH, and to initiate contact with me via the email address and/or cellular telephone number stated herein. I acknowledge Guardian Life of the Caribbean is not liable for any incorrect information submitted on this form. I understand that the ACH banking information stated herein supersedes any and all other ACH banking information previously submitted.

Sign:	**Date:**	**Official Sign/ Company/Provider Stamp** (Not applicable to Individual Health Policies)**:**
…………………………………………………… Client Signature	……………………… yyyy/mm/dd	…………………………………………………… Company/Provider Signature/Stamp