



EMPLOYEE BENEFITS
 12 TRAFALGAR ROAD
 KINGSTON 5, JAMAICA W.I.
 TEL NO.: (876) 927 4105
 FAX NO.:(876) 978- 4664

MEMBER ENROLLMENT FORM

EB 203

EMPLOYER:	^{1a} GROUP NUMBER
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³ SURNAME:	³ FIRST NAME	³ MIDDLE INITIAL:
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EMPLOYEE NUMBER:	^{1b} MEMBER NUMBER: (to be completed by Guardian Life Staff)	EMPLOYMENT DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SALARY P.A.:	² TAXPAYER REGISTRATION NO.	DATE OF JOINING: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Proof of Age: <input type="checkbox"/> Birth Certificate attached <input type="checkbox"/> Other
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BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EMPLOYMENT CATEGORY: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
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MARITAL STATUS: <input type="checkbox"/> Ma; <input type="checkbox"/> Si; <input type="checkbox"/> Di; <input type="checkbox"/> Wi; <input type="checkbox"/> Se; <input type="checkbox"/> Co;

HOME ADDRESS:

E-MAIL:	TELEPHONE:	FAX:
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CONTRIBUTION:	BASIC: 5% of pensionable salary	VOLUNTARY:
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TRUSTEE - If the designated beneficiary is a minor, it is strongly recommended that you appoint a trustee who will manage the insurance proceeds on behalf of the minor. The trustee may be any competent adult or an institution.

BENEFICIARY DATA

TAXPAYER REGISTRATION NO.:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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SURNAME:	FIRST NAME:	MIDDLE INITIAL:
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BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>
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ADDRESS (H):

TRUSTEE: SURNAME	FIRST NAME:	MIDDLE NAME:
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BENEFICIARY DATA

TAXPAYER REGISTRATION NO.:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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SURNAME:	FIRST NAME	MIDDLE INITIAL
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BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>
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ADDRESS (H):

TRUSTEE: SURNAME	FIRST NAME:	MIDDLE NAME:
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^{1a}GROUP #: _____ ^{1b}MEMBER #: _____ ²TRN: _____

³MEMBER NAME: _____

BENEFICIARY DATA			
TAXPAYER REGISTRATION NO.:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SURNAME:	FIRST NAME:	M. INITIAL:	
BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>	
ADDRESS (H):			
TRUSTEE: SURNAME:	FIRST NAME:	MIDDLE NAME:	
BENEFICIARY DATA			
TAXPAYER REGISTRATION NO.:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SURNAME:	FIRST NAME:	M. INITIAL:	
BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>	
ADDRESS (H):			
TRUSTEE: SURNAME	FIRST NAME:	MIDDLE NAME:	
BENEFICIARY DATA			
TAXPAYER REGISTRATION NO.:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SURNAME:	FIRST NAME:	M. INITIAL:	
BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>	
ADDRESS (H):			
TRUSTEE: SURNAME	FIRST NAME:	MIDDLE NAME:	
BENEFICIARY DATA:			
TAXPAYER REGISTRATION NO.:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SURNAME:	FIRST NAME:	M. INITIAL:	
BIRTH DATE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RELATIONSHIP:	SHARE PERCENTAGE: Pension <input type="text"/> Group Life <input type="text"/>	
ADDRESS (H):			
TRUSTEE: SURNAME	FIRST NAME:	MIDDLE NAME:	

SIGNATURE OF EMPLOYEE: _____ DATE: _____

COMPANY STAMP:

Authorized Signature on behalf of Employer

For Official Use Only: Index by Company and Member #, TRN and Member Name.
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