



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:	<sup>1a</sup> GROUP NUMBER
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<sup>3</sup> SURNAME:	<sup>3</sup> FIRST NAME	<sup>3</sup> MIDDLE INITIAL:
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EMPLOYEE NUMBER:	<sup>1b</sup> MEMBER NUMBER: (to be completed by GuardianLife Staff)	EMPLOYMENT DATE: <input type="text"/> <input type="text"/> <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.:	<sup>2</sup> TAXPAYER REGISTRATION NO.	DATE OF JOINING: <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	EMPLOYMENT CATEGORY: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME
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MARITAL STATUS:  Ma;  Si;  Di;  Wi;  Se;  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"/> <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"/> <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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<sup>1a</sup>GROUP #: \_\_\_\_\_ <sup>1b</sup>MEMBER#: \_\_\_\_\_ <sup>2</sup>TRN: \_\_\_\_\_

<sup>3</sup>MEMBER 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:

Authorisation, Declaration and Consent:

I agree that my client data may be shared with Guardian Life's group corporate structure which includes its parent company, subsidiaries, associated and affiliated companies as well as with credit bureaus and regulators in and outside of the jurisdictions in which Guardian Life operates.

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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