

GROUP CHANGE REQUEST AND BENEFICIARY UPDATE FORM EB 186



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Member / Employee Name³ _____ Group No. _____

Member No. 1 _____ Employer _____

TRN² (Member) _____ Effective Date _____

GROUP HEALTH ONLY

ADDITION OF DEPENDENTS (LIST DETAILS BELOW)	SURNAME	MI	SEX	RELATIONSHIP	DATE OF BIRTH	TRN

GROUP HEALTH & LIFE

TERMINATION OF MEMBER / DEPENDENTS (LIST DETAILS BELOW)	SURNAME	MI	SEX	RELATIONSHIP	DATE OF BIRTH	REASON

CHANGE OF INFORMATION NAME OF THE EMPLOYEE DEPENDENT BIRTH/GENDER OF THE EMPLOYEE DEPENDENT

FROM CURRENT/PREVIOUS NAME _____

TO _____

LAST NAME _____ DATE OF BIRTH _____

FIRST NAME _____ GENDER _____

MARRIAGE OTHER (Specify) _____

INDICATE REASON FOR CHANGE/CORRECTION (Submit supporting documents)

GROUP LIFE & PENSION

APPOINTMENT/CHANGE OF BENEFICIARY

I, _____ (name of member)

residing at _____ (home address of insured)

a member of the Group Life/Pension issued by Guardian Life Limited

for _____ (name of employer)

do hereby revoke any previous designation or appointment of beneficiary(ies) with respect to the said Group Life/Pension Plan and subject to the condition set forth below, do hereby designate and appoint: *(State full name of beneficiary(ies) and relationship to person whose life is insured; if more than one beneficiary, state here proportion for each).*

NOTE: You may name a trustee for any beneficiary. However, if beneficiary is under age 18 years old, a trustee must be named. Please state clearly the beneficiary for whom the trustee has been named.

BENEFICIARY NAME	RELATIONSHIP	LIFE(%)	PENSION(%)	DATE OF BIRTH	TRUSTEE NAME (if applicable)

as beneficiary(ies) to receive all sums payable under the terms of the said Scheme/Plan by reason of my death.

I AGREE TO ANY CHANGE IN CONTRIBUTION NECESSITATED BY THE REQUESTED CHANGE(S) IN COVERAGE.

Signed at _____ this _____ day of _____ 20 _____

WITNESS _____ SIGNATURE OF EMPLOYEE _____ DATE _____

NAME OF AUTHORIZED OFFICER OF EMPLOYER _____ SIGNATURE OF AUTHORIZED OFFICER OF EMPLOYER _____ POSITION OF AUTHORIZED OFFICER OF EMPLOYER _____

DATE _____

For Official Use: Index by Group #, Member #, TRN and Name of Member.

¹ Group #: _____ ² Member #: _____

³ TRN: _____ ⁴ Name of Member: _____

