



EMPLOYEE BENEFITS
12 TRAFALGAR ROAD
KINGSTON 5, JAMAICA W.I.
TEL NO.: (876) 927 4105
FAX NO.: (876) 927 4790

MEMBER ENROLLMENT FORM

EBD 203

EMPLOYER:		1 ^a GROUP NUMBER			
3 ^a SURNAME:		3 ^a FIRST NAME		3 ^a MIDDLE INITIAL:	
1 ^b EMPLOYEE/MEMBER NUMBER:		EMPLOYMENT DATE		EMPLOYMENT DATE	
SALARY P.A.:		2 ^a TAXPAYER REGISTRATION NO.		DATE OF JOINING:	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Proof of Age: <input type="checkbox"/> Birth Certificate attached <input type="checkbox"/> Other			
BIRTH DATE:		EMPLOYMENT CATEGORY:			
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:	
CONTRIBUTION:		BASIC: 5% of pensionable salary		VOLUNTARY:	
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			
SURNAME:		FIRST NAME:		MIDDLE INITIAL:	
BIRTH DATE:		RELATIONSHIP:		SHARE PERCENTAGE:	
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:		MIDDLE INITIAL:	
BIRTH DATE:		RELATIONSHIP:		SHARE PERCENTAGE:	
ADDRESS (H):					
TRUSTEE: SURNAME		FIRST NAME:		MIDDLE NAME:	

^{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:	
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