EMPLOYEE DATA FORM

Orion Gold Club

Insured

_____
Last First Middle

_____ Tel _____
Name and address of Employer.

DD/MM/YY
____/____/____
Date of Birth

Gender:
M ( )
F ( )

Home Address:

_____

_____

_____
Location

_____/ _____
Cell Home

Plan of Choice:

SAGICOR INSURED PLANS:

Option 1: $1,500 ( )
Option 2: $1,800 ( )
Option 3: $2,000 ( )

SAGICOR FAMILY PLANS:

Option 1: $2,500 ( )
Option 2: $3,000 ( )

GUARDIAN INSURED PLANS:

Option 1: $500 ( )
Option 2: $600 ( )
Option 3: $800 ( )

INVESTMENT:
$100 ( )*

_____

*IF NO SAGICOR OPTION IS CHOSEN AN ADDITIONAL $100 MUST BE PAID WITH THE INVESTMENT.

VOLUNTARY BENEFIT PLANS:

Supp. Life ____ _____
Parental life ____ _____
Dependent Life ____ _____
Critical Illness ____ _____

TOTAL $ _____

Other Persons to be Insured: (up to age 18 for children)

_____ _____
Spouse's Name D.O.B Child' s Name D.O.B

_____ _____
Child's Name D.O.B Child' s Name D.O.B

_____ _____
Child's Name D.O.B Child' s Name D.O.B

Beneficiaries' Names	Date Of Birth *DD/MM/YY*	Relationship	Percentage (%)

Appointed Trustee:

I am aware that this completion and submission of this application form cancels all previous authorization. I hereby authorize my employer to deduct from my salary and remit to Orion Insurance Brokers Ltd., the total sum of $ _____ monthly as of _____ This order may not be cancelled except upon the authority of the insured or Orion Insurance Brokers Limited.

_____ _____ _____
Signature TRN # Date

_____ _____ _____
Company Approval **Date**

PLEASE TICK THE PREMIUMS FOR THE OPTIONS SELECTED

SAGICOR INSURED PLANS

Insured Benefits	1	2	3
	$	$	$
Accidental Death	2,500,000	3,000,000	4,000,000
Dismemberment	1,500,000	2,000,000	3,000,000
Natural Death	1,500,000	3,000,000	4,000,000
Max. Acc. Med. Exp. Reimbursement	50,000	80,000	100,000
Acc. Mthly income (Replaces up to 75% of income payable after 14 days elimination period for up to 104 weeks)	50,000	60,000	80,000
Mthly. Premiums	1,000	1,500	1,800

GUARDIAN INSURED PLANS

Benefit Options	1	2	3
Accidental Death/ Dismemberment	$800,000	$1,000,000	$2,000,000
Max. Acc. Med. Exp. Reimbursement (deductible 5000)	$50,000	$50,000	$50,000
Acc. Mthly Income (Replaces up to 75% of income payable after 14 days elimination period for up to 104 weeks)	$8,000	$30,000	$16,000
Sickness Disability Income (Replaces up to 75% of income payable after 31 days elimination period for up to 104 weeks)	$8,000	$30,000	$16,000
In hosp. Income (payable after 14 days for up to 104 weeks)	0	0	$75,000
Mthly. Premiums	$500	$600	$800

SAGICOR FAMILY PLANS

Option 1			
	Insured	Spouse	Child
Accidental Death	$2,000,000	$500,000	$250,000
Accidental Dismemberment	$1,000,000	$500,000	$250,000
Natural Death	$1,500,000	$250,000	$125,000
Max. Acc. Med. Exp. Reimbursement	$50,000	$25,000	$12,500
Acc. Mthly Income (Replaces up to 75% of income payable after 14 days elimination period for up to 104 weeks)	$50,000	$25,000	0
Mthly. Premiums	$2,000		

Option 2			
	Insured	Spouse	Child
Accidental Death	$3,000,000	$1,000,000	$500,000
Accidental Dismemberment	$2,000,000	$1,000,000	$500,000
Natural Death	$3,000,000	$1,000,000	$500,000
Max. Acc. Med. Exp. Reimbursement	$80,000	$40,000	$20,000
Acc. Mthly Income (Replaces up to 75% of income payable after 14 days elimination period for up to 104 weeks)	$60,000	$30,000	0
Mthly. Premiums	$2,500		

PARENTAL LIFE PLANS

Parental Life Coverage Amounts & Premiums per parent					
Coverage	$200,000	$300,000	$ 400,000	$500,000	$ 600,000
Age Band	Monthly Premiums For Benefits				
40-49	$276.00	$414.00	$ 552.00	$690.00	$828.00
50-54	$386.00	$579.00	$ 722.00	$965.00	$1,158.00
55-59	$540.00	$810.00	$1,080.00	$1,350.00	$1,620.00
60-64	$730.00	$1,095.00	$1,460.00	$1825.00	$2,190.00
65-69	$840.00	$1,260.00	$1,680.00	$2,100.00	$2,520.00
70-75	$1,216.00	$1,824.00	$2,432.00	$3,040.00	$3,648.00
Above 75	$1,606.00	$2,409.00	$3,212.00	$4,015.00	$4,818.00

SUPPLEMENTAL LIFE PLANS

Coverage	$1,000,000	$1,500,000	$2,000,000	$2,500,000
Age Band	Monthly Premiums			
20-30	$200	$300	$400	$500
31-35	$290	$435	$580	$725
36-40	$390	$585	$780	$975
41-45	$510	$765	$1020	$1275
46-50	$740	$1,110	$1,480	$1,850
51-55	$1,030	$1,545	$2,020	$2,060
56-60	$1,490	$2,235	$2,980	$3,725
61-65	$2,090	$3,135	$4.180	$5,225
66-70	$2,930	$4,395	$5,860	$7,325
Above 70	$3,740	$5,610	$,480	$9,350

CRITICAL ILLNESS PLANS

Coverage	$500,000	$1,000,000	$1,500,000	$2,000,000
Age Band	Monthly Premiums			
20-29	$155	$310	$465	$620
30-34	$165	$330	$495	$660
35-39	$220	$440	$660	$880
40-44	$365	$730	$1,095	$1,460
45-49	$600	$1,200	$1,800	$2,400
50-55	$1050	$2,100	$3,150	$4,200
56-60	$1,260	$2,520	$3,780	$5,440
61-65	$1,510	$3,020	$4,630	$6,040

Sagicor Inusred _____
Guardian Insured _____
Family Option _____
Parental Life Plan _____
Supplemental Life _____
Critical Illness _____
Investment _____ TOTAL PREMIUM _____