



# ORION GOLD CLUB FORM

I am a member of the **Jamaica Constabulary Force** Prepared: 30/05/2015

<b>Insured</b>	Last _____ First _____ Middle _____ _____	<i>DD/MM/YY</i>	Gender: M ( ) F ( )
	Employment # _____ Regulation # _____ Rank _____	Date of Birth _____/_____/_____ _____/_____/_____	

<b>Home Address:</b>	_____ _____ _____	Location (Division / Station) _____ _____/_____ Cell _____ Home _____
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<b>Plan of Choice:</b>	<b>Sagcor Benefits</b>	<b>Additional Benefits</b>	<b>Family Option</b>
	Option 1: \$2,500 ( )	Parental Life \$ _____	Spouse/Child : \$850 ( )
	Option 2: \$4,000 ( )	Dependent Life \$ _____	
	Option 3: \$6,500 ( )	Critical Illness \$ _____	
	<b>Guardian Benefits</b>	Supplemental Life \$ _____	
	Option 1: \$1,400 ( )	Group Investment \$ _____	
	Option 2: \$1,700 ( )		
	Option 3: \$2,000 ( )	<b>TOTAL MONTHLY DEDUCTION:</b>	\$ _____

<b>Other Persons to be Insured:</b> <small>(up to age 18 for children)</small>	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	Relationship	Percentage (%)
	<i>DD/MM/YY</i>		

**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.

\_\_\_\_\_  
 Full Name TRN # Signature DD / MM / YR Company Seal

