



# ORION GOLD CLUB ENROLLMENT FORM

I am a member of the  Jamaica Defence Force ( ) Reserve ( ) Regular Officers ( ) Regular Solider

<b>Insured</b>	<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<small>DD/MM/YY</small> ____/____/____ Date of Birth	Gender: M ( ) F ( )
	<div style="display: flex; justify-content: space-between;"> <span>Regimental #</span> <span>Rank</span> </div>	Unit	
<b>Home Address:</b>			Cell / Home

<b>Plan of Choice:</b>	Benefits	Plan 1	Plan 2	Plan 3	Plan 4
	Natural Death	1,500,000	2,000,000	2,500,000	4,000,000
	Accidental Death	3,500,000	3,750,000	4,500,000	5,000,000
	Accidental Disability	2,000,000	2,500,000	3,500,000	4,000,000
	Permanent Total Disability	2,000,000	2,500,000	3,500,000	4,000,000
	PREMIUM	\$690.00	\$950.00	\$1,200.00	\$2,000.00
	<b>Investment Amount:</b>	\$ _____			

<b>Spouse's Information</b>	PREMIUM	\$690.00	\$950.00	\$1,200.00	\$2,000.00
	Last	First	Middle	D.O.B DD/MM/YY	
	TOTAL MONTHLY DEDUCTION: \$ _____				

Beneficiaries' Names	Date Of Birth <small>DD/MM/YY</small>	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.

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Full Name & Regimental # Signature DD MM YR Company Seal