

## EMPLOYEE DATA FORM

### Orion Gold Club - Medical Employee

<b>Insured</b>	Last _____ First _____ Middle _____ _____ Tel _____ Name and address of Employer. _____	<i>DD/MM/YY</i> ____/____/____ Date of Birth	Gender: M ( ) F ( )
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<b>Home Address:</b>	_____ _____ _____	Location _____ _____/_____ Cell Home
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<b>Plan of Choice:</b>	<b>SAGICOR INSURED PLANS:</b> Option 1: \$1,000 ( ) Option 2: \$1,500 ( ) Option 3: \$1,800 ( )	<b>GUARDIAN INSURED PLANS:</b> Option 1: \$500 ( ) Option 2: \$600 ( ) Option 3: \$800 ( )	<b>VOLUNTARY BENEFIT PLANS:</b> Supp. Life _____ Parental life _____ Dependent Life _____ Critical Illness _____
	<b>SAGICOR FAMILY PLANS:</b> Option 1: \$2,000 ( ) Option 2: \$2,500 ( )	<b>INVESTMENT:</b> \$100 ( )* _____	<b>TOTAL</b> \$ _____

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

<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 <i>DD/MM/YY</i>	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	\$1,825.00	\$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	\$7,480	\$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	\$5,040
61-65	\$1,510	\$3,020	\$4,530	\$6,040

Sagicor Insured \_\_\_\_\_  
 Guardian Insured \_\_\_\_\_  
 Family Option \_\_\_\_\_  
 Parental Life Plan \_\_\_\_\_  
 Supplemental Life \_\_\_\_\_  
 Critical Illness \_\_\_\_\_  
 Investment \_\_\_\_\_

**TOTAL PREMIUM** \_\_\_\_\_