MEMBERS DATA FORM.

	Orion Gold Club - Tes	achers. School	Status	- Bursar	Ministry Pa	nid
Insured Home Address	Last	First		Middle Cel #	Date of Birth	F ()
Name & Address of School		Sch. #	Sch. Tel	.#		rish
Plan of Choice:	SAGICOR INSURED PLANS Option 1: \$1,000 () Option 2: \$1,500 () Option 3: \$1,800 () SAGICOR FAMILY PLANS: Option 1: \$2,000 () Option 2: \$2,500 () Option 3: \$3,000 ()	Option 1: \$5 Option 2: \$6 Option 3: \$8 INVESTMEN \$100 ()* \$	00 () 00 () 00 () NT PREM y Premiu:	IIUM ms \$ n an additional \$10	Parental life Dependent Life Critical Illness	NEFIT PLANS:
Other Persons to be In- sured: (up to age 18 for children)	Spouse's Name Child's Name Child's Name		D.O.B D.O.B	Child's Nam Child's Nam Child's Nam	ne	D.O.B D.O.B
Beneficia	ries' Names			Of Birth D/MM/YY	Relationship	Percentage (%)
I am aware	d Trustee: that this application cancels a o Orion Insurance Brokers Ltd not be cancelled except upon t					
Signature		TRN#			Date	
Company App	oroval				Date	

PLEASE TICK THE PREMIUMS FOR THE OPTIONS SELECTED

SAGICOR INSURED PLANS

T 1 D C	1	2	3	
Insured Benefits	\$	\$	\$	
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

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	\$4 35	\$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		

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Guardian Insured	
Family Option	
Parental Life Plan	
Supplemental Life	
Critical Illness	
Investment	

_ TOTAL PREMIUM _____