

**Group Personal Accident Plan
For students**

Effective Date: September 12, 2022

BENEFITS	SUM INSURED
1. Death occurring within twelve calendar months of bodily injury caused by violent, Accidental and visible means.	\$50,000
2. Permanent total disablement occurring within twelve calendar months of bodily injury and not followed within twelve calendar months of the said bodily injury by the death of the Life insured in accordance with the following scale.	\$50,000
<p>Loss of two limbs</p> <p>Loss of both hands, or all fingers and both thumbs</p> <p>Total loss of sight of both eyes</p> <p>Total paralysis</p> <p>Injuries resulting in being permanently bedridden</p> <p>Any other injury causing permanent total disablement</p> <p>Loss of arm at shoulder</p> <p>Loss of arm between shoulder and elbow</p> <p>Loss of arm at elbow</p> <p>Loss of arm between elbow and wrist</p> <p>Loss of hand at wrist</p> <p>Loss of leg - at hip</p> <p>Between knee and hip</p> <p>Below knee</p> <p>Eye: Loss of - whole eye</p> <p>Sight of</p>	
Medical and surgical treatment for such injury	\$2,500



*There is no place like home
Caribbean Home*



Consolidated
Insurance
Consultants Ltd

Application for Insurance Coverage under The Group Personal Accident Policy

STUDENT NUMBER

Student Name _____
(SURNAME) (FIRST NAME) (OTHER NAMES)

Beneficiary Name _____
(SURNAME) (FIRST NAME) (OTHER NAMES)

Beneficiary Address _____

Relation to Student _____ Amount Paid \$30.00

Period Under Coverage: From: 12 / 09 / 2022 To: 9 / 07 / 2023
day mth year day mth year

I the undersigned hereby apply for registration as a member of the **COSTAATT** Group Accident Personal Plan and have made the contribution required to be paid by me in accordance with the terms and conditions of the Plan. The person as beneficiary is entitled to receive any amount which may be payable in the event of my death.

Date

Signature of Insured