PAN AMERICAN LIFE
INSURANCE OF TRINIDAD AND TOBAGO
A member of the Pan-American Life Insurance Group

EMPLOYEE BENEFITS ENROLLMENT FORM

PLEASE USE BLOCK CAPITAL LETTERS

CLIENT NAME

CLIENT #
POLICY #
SUB GROUP #

MEMBER LAST NAME

MEMBER ENROLLMENT TYPE
1 - NEW 2 - REINSTATE ☐

MEMBER FIRST NAME

DEPENDENT ENROLLMENT TYPE
1 - NEW 2 - REINSTATE ☐

MEMBER ADDRESS

DEPARTMENT _____

TITLE/POSITION _____

CONTACT # (H) ( ) _____ - _____ (O) ( ) _____ - _____ (M) ( ) _____ - _____

BANK NAME | BRANCH | BANK ACCOUNT NUMBER

ANNUAL SALARY
$

EMPLOYMENT DATE DD/MM/YY
/ /

SEX ☐ Male ☐ Female DOB (DD/MM/YY) / / E-MAIL ADDRESS

MARITAL STATUS ☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed

COVERED DEPENDENTS

List below your spouse and the name/s of unmarried children under 19 years. Unmarried students ages 19-23 years must submit a School Letter in order to be covered.

LAST NAME	FIRST NAME	SPOUSE SON DAUGHTER (Please state)	DOB DD/MM/YY	STUDENT Y - Yes N - No	SEX M - Male F - Female	ENROLLMENT TYPE 1 - New 2 - Reinstate	EFFECTIVE DATE DD/MM/YY

COVERED BENEFICIARIES

List below.

LAST NAME	FIRST NAME	RELATIONSHIP	DOB DD/MM/YY	SHARE %

PRODUCT - This section is to be completed by the Employer

Coverage Types: (MEM) Member Only / (MNC) Member & Child / (MNS) Member & Spouse / (MCH) Member & Children (FAM) Family.

EFFECTIVE DATE DD/MM/YY	BENEFITS	VOLUME	COVERAGE TYPES
	GTL		MEM
	ADD		MEM
	VOLF		MEM
	DEPF		
	MA		
	SMM/CMM		
	DEN		
	OPT		
	PENSION		

UNDERWRITERS NOTES _____

CERT #

UNDERWRITING APPROVAL

SIGNATURE

DATE / /

If any beneficiary listed above dies before me, the interests of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries or if none, to my estate. I reserve the right to change any beneficiary named above. I request membership of the group policy, as indicated above, for which I am or may become eligible. I agree, if admitted, to the deduction of the appropriate contribution from my salary, if applicable and to produce evidence of insurability if required. I hereby declare all statements and answers to the above questions are complete and true to my knowledge.

MEMBER SIGNATURE	DATE DD/MM/YY / /	PLAN ADMINISTRATOR	DATE DD/MM/YY / /

Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.
91-93 St. Vincent Street | Port of Spain, Republic of Trinidad & Tobago | Tel: 868.625.4426 | Fax: 868.627.8138 | palig.com

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