

A member of the Pan-American Life Insurance Group

	EMPLOYEE BENEFITS ENROLLMENT FORM																																									
PLEASE USE BLOCK CAPITAL LETTERS																																										
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	Coverage Types: (MEM) Member Only / (MNC) Member & Child / (MNS) Member & Spouse / (MCH) Member & Children (FAM) Family.																																									
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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
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A member of the Pan-American Life Insurance Group

MARINE SAN	EMPLOYEE BENEFITS ENROLLMENT FORM										
PLEASE USE BLOCK CAPITAL LETTERS											
CLIENT NAME	CLIENT#										
	POLICY#										
	SUB GROUP #										
MEMBER LAST N	IAME										
	MEMBER ENROLLMENT TYPE 1 - NEW 2 - REINSTATE										
MEMBER FIRST N	NAME										
	DEPENDENT ENROLLMENT TYPE 1 - NEW 2 - REINSTATE										
MEMBER ADDRE	ESS 1-NEW 2-REINSTATE										
	DEPARTMENT										
	TITLE/POSITION										
CONTACT # (H) () (O) () (M) ()											
BANK NAME	BRANCH BANK ACCOUNT NUMBER ANNUAL EMPLOYMENT DATE										
	SALARY DD/MM/YY										
SEX Male	e Female DOB (DD/MM/YY) E-MAIL ADDRESS \$ / /										
MARITAL STATUS											
COVERED DE											
	pouse 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 DOB STUDENT SEX ENROLLMENT EFFECTIVE DATE										
1	SON DD/MM/YY Y-Yes M-Male TYPE DD/MM/YY DAUGHTER N-No F-Female 1-New										
	DAUGHTER (Please state) F - Female 2 - Reinstate										
COVERED BEI	NEFICIARIES TO THE REPORT OF THE PARTY OF TH										
List below.											
LAST NAME	FIRST NAME RELATIONSHIP DOB SHARE										
	DD/MM/YY %										
PRODUCT - TI	his section is to be completed by the Employer										
	(MEM) Member Only / (MNC) Member & Child / (MNS) Member & Spouse / (MCH) Member & Children (FAM) Family.										
EFFECTIVE DATE											
DD/MM/YY	BENEFITS VOLUME COVERAGE TYPES UNDERWRITERS NOTES										
	GTL MEM										
	ADD MEM										
	VOLF MEM DEPF CERT #										
	CID-LINE CONTROL CONTR										
	DEN SIGNATURE										
	OPT										
	PENSION DATE / /										

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PLEASE USE BLO	OCK CAPITAL LETTERS										
CLIENT NAME		CLIENT#									
		POLICY#									
		SUB GROUP #									
MEMBER LAST	NAME	MEMBER ENROLLMENT TYPE									
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MARITAL STATU	JS Single Married Common Law	Divorced Widowed									
COVERED D	EPENDENTS										
		ars. Unmarried students ages 19-23 years must submit a School Letter in order to be covered									
LAST NAME	FIRST NAME	SPOUSE DOB STUDENT SEX ENROLLMENT EFFECTIVE DATE									
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		DAUGHTER N - No F - Female 1 - New									
		(Please state) 2 - Reinstate									
											
											
	 										
	 										
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LAST NAME	FIRST NAME	RELATIONSHIP DOB SHARE									
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		ember & Spouse / (MCH) Member & Children (FAM) Family.									
DD/MM/YY	BENEFITS VOLUME	COVERAGE TYPES UNDERWRITERS NOTES									
	GTL	MEM									
	ADD	MEM									
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	PENSION	DATE / /									
		nall, unless otherwise provided above, accrue to the surviving beneficiaries or if none, to my estate. To of the group policy, as indicated above, for which I am or may become eligible. I agree, if admitted									

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PLAN ADMINISTRATOR

MEMBER SIGNATURE

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