



Employee Benefits Division

P.O. Box 439, Kingston
Telephone: 929-8920-9
Facsimile: 929-4730

Name of Policyholder (Church) _____	
TRN: _____	
Address: _____	
Contact Person: _____	Telephone: _____
Number of Members in Church _____	

ENROLLMENT:

Number of Members enrolled _____

Option Chosen: _____

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Effective Date:- From: _____ **To:** _____

Authorized Signature of Policyholder (Church) _____

Date: _____ **Amount paid with this application:** _____

Method of Payment: _____

Signature of Agent & Code: _____

Church Stamp/Seal

SAGICOR Agent: _____
(Please print name)

Branch: _____