



28-48 Barbados Avenue, Kingston 5, • P.O. Box 439, Kingston, Jamaica • Phone: (876) 929-8920-9 • Fax No.: (876) 929-4730 • www.sagicor.com

## CONSENT FORM

GROUP NUMBER: \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

INSURED/MEMBER \_\_\_\_\_ D.O.B.: \_\_\_\_\_

It would be convenient and in my/our best interests if I/we could at any time and from time to time send instructions and documents by means of:

- i. facsimile transmission (meaning the sending of transmissions between fax machines via the telephone network) hereinafter referred to as 'fax instructions'; and/or
- ii. electronic mail (meaning the sending of transmissions electronically between computers via the telephone network or wireless communication) hereinafter referred to as 'e-mail instructions'; and/or
- iii. Sagicor's web facility hereinafter referred to as 'Sagicor Connect' (meaning the sending of transmissions electronically between computers via Sagicor Life Jamaica Limited's web site without requiring written confirmation bearing actual signatures) hereinafter referred to as 'internet instructions to Sagicor Life Jamaica Limited ("SLJ") in relation to group life and/or group health policies with SLJ and any additional riders or benefits I/we may now or in the future have with SLJ.

Now in consideration of SLJ agreeing to accept fax instructions and/or email instructions and/or internet instructions hereinafter referred to as (the instruction) purportedly received from me/us as aforesaid, I/we agree and consent:

1. **THAT** SLJ may act on any fax instructions and/or email instructions and/or internet instructions received by SLJ and purportedly given by me/us from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. **THAT** once any fax instructions and/or email instructions and/or internet instructions are received by SLJ, SLJ shall have no obligation to check or verify the authenticity or accuracy of such instructions purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. **THAT** in acting on fax instructions and/or email instructions and/or internet instructions, SLJ shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such fax instructions and/or email instructions and/or internet instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any fax instructions and/or email instructions and/or internet instructions on which SLJ may act if SLJ has in good faith acted in the belief that such fax instructions and/or email instructions and/or internet instructions were given by me/us;
4. **THAT** SLJ may, in its absolute discretion, decline to act on or in accordance with the whole or any part of a fax instructions and/or email instructions and/or internet instructions pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that SLJ shall not be under any obligation to so decline in any case, and SLJ shall in no event or circumstances be liable in any respect for not so declining; and
5. **THAT** SLJ its employees and agents shall not be liable for the consequences of any errors, irregularity, delay, omission, misrepresentation, failure or damage howsoever arising whether from criminal activity or otherwise that may be suffered by me/us in the use of fax instructions and/or email instructions and/or internet instructions.
6. **THAT** I/we acknowledge that SLJ shall not be liable for any loss or damage suffered and shall not be held liable for any action, claims, proceedings, damages, costs and expenses for any reliance placed on any instructions or documents provided by the Employer, the Member,

the Dependent or the Beneficiary/ies or his Legal Personal Representative to SLJ by way of any fax instructions and/or email instructions and/or internet instructions for the purposes of processing, administering, and settling any claim.

7. **THAT** any Authorized Representative of the Employer referred to from time to time as the Benefit Manager or Administrator, for the purposes of this Authorization, is an agent of the Employer and the actions of the Benefit Manager or Administrator constitute the actions of the Employer.
8. **THAT** the information I provide in this form and from time to time, may be used to confirm my identity, to augment and update currently held information, to provide me with accurate and up-to-date services, to manage and assess the company's risks, to satisfy information requests and to meet legal and regulatory requirements. I further understand and agree that my information may be shared within the Company which includes its parent and subsidiaries, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of this information for the purposes provided herein and as Sagicor may require from time to time.
9. **THAT** the unenforceability or invalidity of any provision of this authorization shall not render any other provision unenforceable or invalid.
10. **THAT** by signing hereunder I/we acknowledge that I/we have read, understood and agreed to the terms and conditions of this Consent Form.
11. **THAT** this authorization shall in all respects be construed with and governed by the laws of Jamaica.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed by the (Member/Employer/Dependent/Beneficiary) with authority to give instructions in relation to the relevant insurance policies:  
(Strike through as applicable)

\_\_\_\_\_  
Signature as on ID presented (Member/Insured)

Email Address \_\_\_\_\_ TRN: \_\_\_\_\_

**Signatures from Member/Dependent/Beneficiary must be accompanied by the signature of an Authorized Officer of the Employer.**

\_\_\_\_\_  
Signature of Authorized Officer of Employer

\_\_\_\_\_  
Signature as on ID presented (Beneficiary/Trustee/Legal Personal Representative)

Email Address \_\_\_\_\_ TRN: \_\_\_\_\_