

Group Life and Health Insurance Forms

BARBADOS AND EASTERN CARIBBEAN

[Annual Student Certification Form](#)

[Asthma Questionnaire](#)

[Authorization for the Amendment of an Application for Insurance](#)

[Back Pain Questionnaire](#)

[CariCare Card Replacement Request](#)

[CariCARE Card Use and Security Tips](#)

[CariCare Cards Notice - Barbados](#)

[Census Form](#)

[Certificate for Common Law Relationship](#)

[Child's Medical Examination Form](#)

[Child's Non-Medical Form](#)

[Customer Identity Form - Corporate](#)

[Customer Identity Form - Individual](#)

[Declaration of Source of Funds](#)

[Dental Care Claim Form](#)

[Direct Credit Authorisation form for Group Health](#)

[Direct Credit Authorisation form for Individual Health](#)

[Epilepsy Questionnaire](#)

[Foreign Account Tax Compliance Form - Corporate](#)

[Foreign Account Tax Compliance Form \(FATCA\) - Individual](#)

[Global Health Insurance Application](#)

[Group Creditor Health Statement](#)

[Group Health Information Change Form](#)

[Group Health Statement - Employee](#)

[Group Health Statement - Under 15](#)

[Group Insurance Enrollment Form](#)

[Group Life Conversion Form](#)

[GroupWeb Access Form](#)

[Health Insurance Claim Form](#)

[Medical Examination Form](#)

[Non-Medical Form](#)

[Out of Country Request Form](#)

[Proof of Death - Employer's Statement](#)

[Reissuance of Claims Cheques - Barbados Only](#)

[Reporting Form](#)

[Request for Group Proposal Form](#)

[Respiratory Questionnaire](#)

[Sagcor Wellness Mobile Unit](#)

[Statement of Good Health and Insurability](#)

[Vision Care Claim Form](#)