Sagicor

ProShield

The **ProShield plan** provides access to a wide range of insurance coverage for small business owners and contract workers at an affordable rate, in the event of a medical emergency, accident or death.

Who Can Apply

Individual contractors or employees operating under a contractual arrangement with a company are eligible for enrollment. Conditions apply for enrollment based on the category under which you are enrolling.
*Proof of relationship is required for dependent coverage (birth certificates for dependent children, marriage certificates where applicable).

Plan Options

HOSPITAL CARE PLAN
This plan pays a cash benefit directly to you whenever you or your covered dependent is admitted to the hospital. The cash benefit is paid for each day you are confined to a hospital.

CRITICAL ILLNESS PLAN
This plan provides you with a living benefit that will pay a lump sum of up to 1 million dollars in the event you are diagnosed with certain critical illnesses such as Cancer, Heart Attack, Stroke and Blindness.

LIFE INSURANCE
This plan pays a lump sum in the amount reflected on the Schedule of Benefits upon death of the member, to the designated beneficiary, to cover family obligations, final expenses, children's education or inheritance for loved ones.

PERSONAL ACCIDENT
This plan provides the insured member or their beneficiaries with additional protection in the event of an accidental death or dismemberment (the loss of use of body parts or functions e.g. limbs, eyesight, hearing or speech).

COMPREHENSIVE CARE PLAN

A comprehensive health plan designed to help cover your medical expenses. This includes benefits such as prescription drugs, doctor visits, diagnostic services, surgical procedures, In-hospital and Out-Patient benefits, as well as Dental & Vision benefits.

Benefit Schedule and Rates

SEE BENEFITS AND RATES

Premium Payments

Premiums are payable at any Paymaster location island-wide or Sagicor Life branch cashiers and should be paid by one of the following frequency modes:

Payment Schedule
- Quarterly
- Semi-Annually
- Yearly

To make payment you will need the following information:
- Group number (Please see table)
- Member number i.e. (TRN)

GUIDE TO SAGICOR PROSHIELD PLAN ENROLLMENT PERIODS

**Please use the group number below for the month in which you are submitting your application and payment.*

GROUP NUMBERS	EFFECTIVE I.E (DATE)	MEMBER NUMBER (YOUR TRN)
63016-01	January	eg: 111-239-483
63017-01	February	xxx-xxx-xxx
63018-01	March	xxx-xxx-xxx
63019-01	April	xxx-xxx-xxx
63020-01	May	xxx-xxx-xxx
63021-01	June	xxx-xxx-xxx
63013-01	July	xxx-xxx-xxx
63022-01	August	xxx-xxx-xxx
63024-01	September	xxx-xxx-xxx
63023-01	October	xxx-xxx-xxx
63014-01	November	xxx-xxx-xxx
63015-01	December	xxx-xxx-xxx