

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](#)
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[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](#)
[Group Insurance Enrollment Form](#)
[Group Life Conversion Form](#)
[GroupWeb Access Form](#)
[Health Insurance Claim Form](#)
[Medical Examination Form](#)
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[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](#)