



Member Group Life Plan

Please complete in BLOCK LETTERS ONLY

First Name		Last Name	
Date of Birth (dd/mm/yyyy)		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
ID Nos.	National ID:	Precept No:	EPA Member No:
Address:	Street Address	Town/City	Region: Trinidad <input type="checkbox"/> Tobago <input type="checkbox"/>
Contact No. (1)		Contact No. (2)	
Email		Employer	

Requirements:

1. MUST be a Financial Member in good standing
2. Present valid picture ID for Applicant and Beneficiary

Other Terms:

1. Member MUST maintain a good financial standing with the Association
2. For each member, there will be a waiting period of six (6) months from the date of enrolment before coverage is effected.
3. Members who wish to select a Beneficiary, other than "Estate", will be required to complete, sign and return the attached form. **(Complete sections 1 and 4 only)**. If a member dies and the insurer is not in possession of this form, then Letters of Administration will have to be produced by the person(s) seeking the member's benefit.
4. The insurer reserves the right to amend its quote for significant changes or omissions in the date initially provided.

Signature of Applicant

Date of Application