Island Heritage

Group Life and Disability

Group Enrolment Form

Employer completes section 1. Employee completes section 2 and 3. Employee and employer signatures are required on page 2.

1. Group employer information (to be completed by the employer)

Group policy name:	Group policy number:
Policies available: ☐ Life insurance ☐ Long Term Disability insurance ☐ Short Term Disability insurance	
Date employed (dd-mmm-yyyy):	Hours worked per week (Disability benefits)
Life/Disability enrolment date (dd-mmm-yyyy):	Hours worked per month (Life benefits)
Annual salary (Life/Disability benefits): USD $	

2. Employee information (to be completed by the employee)

Name (first/middle/last)		Gender: ☐ Male ☐ Female
DOB (dd-mmm-yyyy):	Nationality:	Occupation:
Address:		
Phone: H W C		Email:

3. Life insurance benefits (Please complete this section if you are eligible to be enrolled in Life (LF) Insurance benefits.)

Beneficiaries

The person(s) or entity(ies) designated as a primary beneficiary is first in line to inherit your life insurance benefit when you pass away. Benefits are only payable if the group and/or employee policy is active when submitting the claim. If more than one primary beneficiary is named, the beneficiaries share the inheritance when you die. If one or more of the primary beneficiaries do not take their share of the inheritance, it will be split equally between any remaining primary beneficiaries.

The contingent beneficiary is the person(s) who becomes the beneficiary(ies) if the primary beneficiary(ies) dies or is otherwise disqualified. Contingent beneficiaries inherit only if none of the primary beneficiaries can be located, if they refuse the inheritance or if they die before you do. In other words, contingent beneficiaries will be second in line behind your primary beneficiaries and inherit nothing as long as one of your primary beneficiaries accepts their inheritance.

I hereby appoint the following beneficiaries to receive any amount due under this policy upon my death.

				Share %	
Beneficiary name (first/middle/last)	Nationality	DOB (dd-mmm-yyyy)	Relationship	Primary	Contingent
				☐ %	☐ %
				☐ %	☐ %
				☐ %	☐ %
				☐ %	☐ %
				☐ %	☐ %
The total share % for all primary beneficiaries and contingent beneficiaries must add to 100%.			Total share %:		

Trustee

A Trustee must be named if any beneficiary(ies) is under the age of 18.

Trustee name (first/middle/last)	Nationality	DOB (dd-mmm-yyyy)	Relationship to beneficiary

Declaration

Member declaration and signature:

I confirm that I am applying for benefits that are available through the group policy provided by my employer and that the information provided is factual and true. I confirm that I have had the opportunity to review Island Heritage's Privacy Policy (www.islandheritageinsurance.com/privacy) and I consent to the processing of my personal information for the purposes describe within the Privacy Policy. If I have provided personal information relating to any third party, I confirm that I have received their consent for Island Heritage to process their personal information in line with the Privacy Policy.

Member name:	
Sign:	Date (dd-mmm-yyyy):

Employer declaration and signature (authorised signatory):

I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to Island Heritage for the purposes described in Island Heritage's Privacy Policy (www.islandheritageinsurance.com/privacy). I confirm that I have verified the identity and details of this member from section 1, of this form, and that the information provided is accurate.

Signatory name:	
Sign:	Date (dd-mmm-yyyy):

For Island Heritage official use only

Policy #: ______ NHL cert #: ______ Class: ______ NHL date: ___/___/___

Prob. period: ___ LF: ___ ADD: ___ LTD: ___ WI: ___ Administrator: ______