



# 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:	<input type="text"/>	Group policy number:	<input type="text"/>
Policies available: <input type="checkbox"/> Life insurance <input type="checkbox"/> Long Term Disability insurance <input type="checkbox"/> Short Term Disability insurance			
Date employed (dd-mmm-yyyy):	<input type="text"/>	Hours worked per week (Disability benefits):	<input type="text"/>
Life/Disability enrolment date (dd-mmm-yyyy):	<input type="text"/>	Hours worked per month (Life benefits):	<input type="text"/>
Annual salary (Life/Disability benefits): \$	<input type="text"/>	<input type="checkbox"/> KYD <input type="checkbox"/> USD	

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

Name (first/middle/last):	<input type="text"/>			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (dd-mmm-yyyy):	<input type="text"/>	Nationality:	<input type="text"/>	Occupation:	<input type="text"/>
Address: <input type="text"/>					
Phone: H	<input type="text"/>	W	<input type="text"/>	C	<input type="text"/>
Email:				<input type="text"/>	

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

### Beneficiaries

**i** 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.

Beneficiary name (first/middle/last)	Nationality	DOB (dd-mmm-yyyy)	Relationship	Share %	
				Primary	Contingent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> %	<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> %	<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> %	<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> %	<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> %	<input type="checkbox"/> %
<b>i</b> The total share % for all primary beneficiaries and contingent beneficiaries must add to 100%.			Total share %:	<input type="text"/>	<input type="text"/>

### Trustee

**i** 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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](http://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: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

### 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](http://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: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

### For Island Heritage official use only

Policy #: \_\_\_\_\_ NHL cert #: \_\_\_\_\_ Class: \_\_\_\_\_ NHL date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Prob. period: \_\_\_\_\_ LF: \_\_\_\_ ADD: \_\_\_\_ LTD: \_\_\_\_ WI: \_\_\_\_ Administrator: \_\_\_\_\_