PSCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED.
GROUP HEALTH INSURANCE PLAN
MEMBERSHIP ENROLLMENT FORM

PLEASE COMPLETE ALL APPLICABLE INFORMATION

"On us you can rely."

MEMBER DATA   **Account No:** _____

BRANCH:

☐ ARIMA   ☐ CHAGUANAS   ☐ PORT OF SPAIN

☐ SALES TEAM   ☐ SAN FERNANDO   ☐ TOBAGO

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: **SEX:**

dd_____ mm_____ yy_____   ☐ MALE ☐ FEMALE

HOME TEL: _____

CELL TEL: _____

EMAIL: _____

ADDRESS: _____

_____

_____

_____

MARITAL STATUS:

☐ MARRIED   ☐ SINGLE

☐ WIDOWED   ☐ DIVORCED/ SEPARATED

☐ COMMON LAW

BENEFICIARY DATA

NAME OF BENEFICIARY:_____

RELATIONSHIP TO MEMBER: _____

DATE OF BIRTH: dd_____ _ mm_____ yy_____

WITNESS SIGNATURE : _____

I reserve the right to change the beneficiary appointed above subject to any statutory restrictions. If the Group Insurance plan provides that any contributions be made by me, I authorize my Employer to deduct them from my salary.

DATE: dd_____ mm_____ yy_____

SIGNATURE OF MEMBER: _____

| DO YOU WISH TO COVER YOUR DEPENDENTS | ☐ YES | ☐ NO |

NAME OF DEPENDENTS		MALE	FEMALE	DATE OF BIRTH (D/M/Y)
SPOUSE				
CHILD				
CHILD				
CHILD				
CHILD				

Kindly attach and indicate the type of evidence for the following dependents.

☐ *Common-Law Certificate (Common-Law Spouse)*

☐ *Student Certificate (Student aged between 19-23 years)*

Method of Payment

☐ Standing Order

☐ Salary Deduction

☐ Cash / Cheque

For Admin Purposes Only

Group Policy No:

GT

*Plan:*_____

Amount Paid:$_____

Date Paid: dd_____ mm_____ yy_____

Date Joined PSCU: dd_____ mm____ yy_____

_____   _____
Plan Administrator   *Stamp*

IMPROVING OUR SERVICES TO MEMBERS

Payments *(Loans, withdrawals, claims, dividends)* can go directly to your Bank Account. This means you don't have to collect a cheque or wait in line at the bank.

BANK INFORMATION FORM

Complete this form by signing and returning to one of our Customer Service Representatives if you want to have your Loan proceeds or any other payment automatically transfered to your bank account.

Member name(s):_____   **Account#**_____

Name on Bank Account:_____   **Type of Account:** ☐ *Chequing*   ☐ *Savings*

Cell:_____   **Home:**_____   **Work:**_____ **Ext**_____

Email:_____

BANK	BANK ACCOUNT#	BANK BRANCH
First Citizens Bank	_____	_____
Republic Bank	_____	_____
RBC	_____	_____
Citibank	_____	_____
JMMB Bank	_____	_____
Scotia Bank	_____	_____ Branch/Transit#_____

Amount: ($) _____

1: Bank Statement with account holder number is required.
2: Funds will be applied within 24 to 48 hours of the request.
3: Please send completed form along with one form of valid photo ID (National ID, Driver's Permit, Passport) to ach.payrolls@pscutt.com

---

Disclaimer:

I hereby agree to have my Loan proceeds, or any other payment to my personal bank account by PSCU Credit Union Co-operative Society Limited as stated above and agree to abide by the terms and conditions of this agreement. Failure to submit the correct Bank details may result in a charge by the Commercial Bank

Member Name (Print):_____

Member Signature:_____   **Date:**_____

FOR OFFICIAL USE ONLY

Date Received: _____   **Branch**   ☐ *POS*   ☐ *Arima*   ☐ *Chag*   ☐ *San Fernando*
                                                                      ☐ *Tobago*

Received By: _____

Approved By: _____