



**Application for Group Insurance**  
to  
**MARITIME LIFE (CARIBBEAN) LIMITED**  
(Herein called the Company)

Application is hereby made for insurance coverage. The terms and conditions of the coverages applied for will be subject to and in accordance with the policy or policies issued by the Company at its Head Office.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

**SUBSIDIARY OR AFFILIATED COMPANIES to be covered**

Name	Address
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\_\_\_\_\_  
\_\_\_\_\_

**ELIGIBLE CLASS OF EMPLOYEES**

All full time permanent employees working at least 30 hours per week except \_\_\_\_\_

All other employees as follows \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_ of whom \_\_\_\_\_ are eligible

**WAITING PERIOD FOR EMPLOYEES IN ELIGIBLE CLASS**

Employees employed on or prior to the Effective Date

None  \_\_\_\_\_ months service

Employees employed after Effective Date

None  \_\_\_\_\_ months service

(all Employees must be actively at work on the Effective Date as determined in the Master Contract)

EFFECTIVE DATE \_\_\_\_\_ 19 \_\_\_\_\_ but it is agreed that the coverages shall not become effective until:

- a) This application has been approved by the Company at its Head Office.
- b) An amount approximately equal to one monthly premium shall have been paid.
- c) At least \_\_\_\_\_% of all eligible employees shall have made written application on the Company's form if employees are to contribute towards the premium.

PREMIUMS WILL BE PAID  Monthly  Quarterly  Semi-Annually  Annually

EMPLOYEE CONTRIBUTION TOWARDS PREMIUM  None  \_\_\_\_\_ %

The terms and conditions of the coverages applied for, including the premium rates applicable to each coverage will be subject to and in accordance with the Company's rules and regulations in force on the effective date.

This application and the policy and amendments issued thereto by the Company together with the individual applications, if any, of the persons insured shall constitute the entire contract between the applicant and the Company. No Agent, Broker or Head Office Representative has authority to change this application or any policy or amendment or to waive any of the provisions thereof or to make or discharge any contracts or to give notice of acceptance by the Company of this application or of any change in this application. No provision of this policy may be waived or modified except over the signature of the Managing Director or Manager, Group Insurance.

\_\_\_\_\_ is hereby designated as the \_\_\_\_\_\* to receive any commissions payable according to Company rules and regulations for placement and servicing, provided he is duly licensed as required by law.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\* Insert Agent or Broker

(For and on behalf of Applicant - Signature)

(Witness - Signature)

By

(Name and Title - Please Print)

Company Stamp