

ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE <u>FINANCIAL SECRETARY</u> AND THE FOLLOWING REFERENCE NUMBER OUOTED:-

Telephone No. 92-28600-16

MINISTRY OF FIN4NCE AND PLANNING 30 NATIONAL HEROES CIRCLE P.O. BOX 512 KINGSTON JAMAICA

July 24, 2002

Circular No.7 Division: Finance & Accounting

Permanent Secretaries Heads of Department Principal Finance Officers Directors of Finance and Accounting Personnel Officers Bursars

Government Employees Administrative Services Only (G.E.A.S.O.) Health Scheme Payment of Government Portion of Premium

Permanent Secretaries and Heads of Departments are reminded of the requirement to advise the Ministry of Finance and Planning of the number of employees enrolled on the GEASQ Health Scheme on a monthly basis. This is done by completing and submitting the Ministry of Finance and Planning Blue Cross Summary Form (attached) to the Ministry (*see* Circular #11, Division: Finance and Accounting, 20th June 2000).

The information given on the MoFP Blue Cross Summary Form is used by the Ministry to calculate the government portion of the health premium paid to Blue Cross of Jamaica each month, for all employees.

All Ministries/Departments, Parish Councils and KSAC, Agencies (including Statutory Bodies) and Bursar-Paid Schools are required to complete and submit the Form.

The Summary Form should be completed in triplicate, signed and dated by the responsible officer in the space provided.

It should be clearly indicated on the Summary Form, the number of persons on the Individual Plan (Plan C), the number of persons on the Family Plan (Plan D), the number of transfers from Plan C to Plan D or vice versa, the number of cancellations and addition of new subscribers.

The names of new subscribers or subscribers who are cancelling their membership, or who are no longer paying premiums because of retirement/resignation, or who have been transferred to or from your respective Ministry/Department, Agency or School, should be set out on the Summary Form. The dates of the additions, cancellations or transfers should also be stated.

If there is a difference between the sum payable as calculated on the Summary Form and the amount on the cheque paid to Blue Cross of Jamaica, this should be explained in the Remarks section of the form.

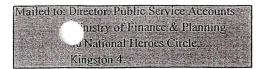
The original copy of the Blue Cross Summary Form should be sent to the Ministry of Finance and Planning, 30 National Heroes Circle, Kingston 4, for the attention of the *Director, Public Service. Accounts*, by the last working day of the month in which deductions are made. The second copy should be sent to Blue Cross of Jamaica with the employee premium cheque and the third copy should be retained for your records.

Failure to submit the Blue Cross Summary Form will result in the non-payment of the government portion of the premium by the Ministry of Finance and Planning. This may lead to difficulties in claim settlement for subscribers or cancellation of health coverage.

Your fullest cooperation is expected in this matter.

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Shirley Tyndall Financial Secretary



MINISTRY OF FINANCE & PLANNING BLUE CROSS MONTHLY SUMMARY FORM

MINISTRY/DEPARTM ENT/AGENCY /BURSAR-P AID	SCHOOL	
MONTH OF DEDUCTIONS		
GROUP NUMBER		
SUBSC	RIBER INFORMA IION	
	PLAN C	PLAN D
Number of Subscribers Last Month		
Adiustments		
Number of Additions		
Number of Cancellations		
Total Subscribers per Plan This Month		
Rates	\$	\$
TOTALS	\$	\$
Number of Group Transfers		
Number of Plan Transfers		
(*NB* See Overleaf) EMPLOYEE DEDUC	CTION PAYMENT INFQRMA TION	
Bank		
Cheque Number(s)		
Date		
Amount \$	<u>~~.~~~.~;</u>	<u></u> .



NAMES OF SUBSCRIBERS

ADDITIONS		CAN	CANCELLATIONS		
PLAN C	PLAN	D	PLAN C	PLAN D	
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Please return form to the Ministry of Finance and Planning, <u>Attention Director, Public Service Accounts</u> - 30 National Heroes Circle, Kingston 4. Copy along with monthly statement to Blue Cross of Jamaica, 85 Hope Road, Kingston 6.

CONTACT INFORMATION FORM

NAME OF ENTITY

CONTACT PERSON

POSITION/POST/JOB TITLE

CONTACT NUMBER

ADDITIONAL CONTACT

CONTACT PERSON

POSITION/POST/JOB TITLE

CONTACT PERSON

POSITION/POST/JOB TITLE

CONTACT NUMBER

ANY OTHER CONTACT INFORMATION

Please complete the above form with the names of the persons who are responsible for preparing the Ministry of Finance & Planning Blue Cross Monthly Summary Forms. This should be mailed to The Ministry of Finance & Planning, 30 National Heroes Circle, Kingston 4, Attention: Director <u>Public Service Accounts</u>