



ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE  
ADDRESSED TO THE **FINANCIAL SECRETARY** AND THE  
FOLLOWING REFERENCE NUMBER QUOTED:-  
Telephone No. 92-28600-16  
Website: <http://www.mof.gov.jm>  
Email: [info@mof.gov.jm](mailto:info@mof.gov.jm)

## MINISTRY OF FINANCE AND THE PUBLIC SERVICE

30 NATIONAL HEROES CIRCLE  
P.O. BOX 512  
KINGSTON 4  
JAMAICA

REF NO: 11180/4  
CIRCULAR NO. 18

September 1, 2020

Cabinet Secretary  
Permanent Secretaries  
Heads of Departments & Agencies

### Re: Government Employees' Administrative Services Only (GEASO) Health Scheme Policies

Cabinet Secretary, Permanent Secretaries, Heads of Departments and Agencies are hereby advised of the following directives regarding the management of the GEASO Health Scheme by Human Resource Management and Accounts Departments/Bursary.

#### 1. Monthly Deduction Listings and Premium Payments

- (a) Timely submission of the Monthly deductions and listings by pay sites are required by the 5<sup>th</sup> working day of the following month along with the GEASO summary form (attached).
- (b) Confirmation of the deductions (monthly payments) and the adjustment register must be sent to the following email address: [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm) and [slj\\_geaso@sagicor.com](mailto:slj_geaso@sagicor.com) by the 5<sup>th</sup> working day of the month following the deduction, along with the following payment details:
  - Name of Pay site
  - Period of Payment (e.g. June 2020)
  - Group & Account Number (i.e. 910000-0XXXX)
  - EFT Reference Number
  - Total Premium
- (c) All payments are to be sent to the GEASO Bank Account via Electronic Funds Transfer. **No cheque deposits to the GEASO Bank Account or any of the Sagicor Offices will be accepted effective September 1, 2020. All GEASO monthly premiums should be made by direct deposit to the account below** and confirmation of same should be provided via the attached Summary Form and email notification:

#### GEASO HEALTH SCHEME

Bank Name	Bank of Nova Scotia Jamaica Ltd (BNS)
Branch code	90365
Bank Branch	Liguanea -125 Old Hope Road, Kingston 6
Bank Account	74-12
Type of Account	Current
TRN on RTGS	000-137-243 0037
Name on Account	Sagicor Life Jamaica Limited - GEASO

- (d) All new Enrolment and Change request forms are to be submitted along with the payment and deduction listings by the 5<sup>th</sup> working day of each month.
- (e) **Failure to submit GEASO payments and deduction listings will result in the suspension of the pay site account.** Reinstatement will occur on submission of full payment along with the accompanying GEASO summary forms and deduction listings. In the event that the non-submission of payments exceeds three (3) consecutive months the pay site account will be terminated.



## 2. Submission of Bank Account, TRN and Email Address

- (a) All pay sites are required to have all employees complete the Customer Information Form and complete the excel document attached for submission by Human Resources Management to the Ministry of Finance and the Public Service and Sagicor by September 30, 2020.

## 3. Changes to Plan Type

- (a) Sagicor is authorized to request of Employers (pay-sites), to revert their employees to the individual plan type, where no dependent is currently enrolled and family premium continues to be deducted.
- (b) Currently, the Change of Spouse period runs from July to October annually. All upgrades to the Family Plan should occur prior to the submission of the Subscriber Change Request Form. Additionally, persons on the Individual Plan will require an upgrade in their premiums to the Family Plan type, prior to enrolment of their spouses.
- (c) Please note that Dependent Spouses should not be registered to multiple employees in the Government Service. Sagicor has been authorised to contact persons registered as a Dependent Spouse under multiple policies. The dependents will be required to select the policy they wish to remain on, whilst the other policies on which they are identified as dependents will be terminated.
- (d) Refund: - No refunds will be given for plan transfer until the correct deductions have commenced. Refunds issued will not exceed one year, especially in cases where instructions were previously given to the employee or the pay site for the change of plan type.

## 4. Conditions of Enrolment

- (a) The policy provides for enrolment of the following categories of Government employees under the GEASO Health Scheme:
  - All appointed permanent employees who have completed their probationary periods. The request for enrolment should be made after the probationary period has ended.
  - Temporary and Contractual employees who have contracts which exceed 1 year or more. Proof of the contract must be submitted with enrolment documentation.
  - For contracts over 9 months which do not exceed 1 year, a request for enrolment under the GEASO Health Scheme should be directed to the Ministry of Finance and the Public Service, for approval along with the supporting documentation.
- (b) Please note that the following persons are not eligible for enrolment under the GEASO Health Scheme:
  - Employees with part-time employment
  - Full-time employees with contracts for under 40-hour work week
  - Casual Daily Paid employees
  - Employees with contracts under 12 months.
- (c) All enrolments, changes to policy and deduction forms must be submitted directly to the respective HR departments by the employees of the said entity.
  - As you are aware, in April 2010 the Ministry of Finance implemented the "No Walk in Policy" for GEASO enrolments. Enrolment forms should **not** be submitted directly at Sagicor's Offices. All enrolments and change requests must therefore be submitted directly to Sagicor **by HR/Accounts and not by the employee.**
  - Please note that the submissions must be made with the respective monthly deduction payments. All payments being submitted must be batched as monthly deductions and not fortnightly (i.e. fortnightly payments should be consolidated). **If full premiums are not received monthly, the subscriber's plan will be terminated.**



- At the end of each fiscal year (i.e. March 31<sup>st</sup>), all pay-sites are required to submit to the Ministry (via [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm)) and Sagicor (via [slj\\_geaso@sagicor.com](mailto:slj_geaso@sagicor.com)) the employee listing which should include the following:
  - i. Name of employee
  - ii. Type of employment (i.e. Contracted vs. Appointed)
  - iii. Description of employment (i.e. Job title)
  - iv. Start and end date of employment (for contractual employment only)
  - v. TRN/employment number

(d) All pay sites will be required to submit to the Ministry via [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm) and Sagicor via [slj\\_geaso@sagicor.com](mailto:slj_geaso@sagicor.com) an excel document containing the following information by **September 30, 2020**:

- Name of Employee (First Name, Middle Initial, Last Name)
- TRN
- DOB (Month, Day, Year)
- Employee Number
- Contact Number (Mobile or CUG numbers only)
- Email Address (personal or work email)
- Type of employment (i.e. Contracted vs. Appointed)
- Description of employment (i.e. Job title)

## 5. Transfers & Terminations

- (a) All HR Departments are required to submit to Sagicor monthly, the names of employees who have been terminated or transferred to other government entities.
- (b) The receiving entity should communicate with Sagicor the effective employment date of the transferred employee. Any break in employment must be covered by the employee at 100%.
- (c) For terminated employees, the HR/Accounts Department should cease GEASO deduction one month prior to the effective date of termination or within the month of termination. In the event, the employee is terminated towards the end of the month, the deducted GEASO payment **must not** be sent to Sagicor and the terminated employee must be removed from the deduction listing and GEASO health card returned to HR Department on the effective date of termination.

Kindly bring this to the attention of all HR/Accounts Departments under your purview.

In case of doubt or difficulty, please contact the Employment Welfare Management Unit within the Strategic Human Resource Management Division of the Ministry of Finance and the Public Service for clarification.



Darlene Morrison  
Financial Secretary

# Instructions for Circular No. 18/Reference No: 11180/4

All submissions are mandatory required for all employees by September 30, 2020

- ❖ **Submission of Customer Information Form** for all employees, please use the link below in Google Chrome:

<http://bit.ly/GEASOinfoForm>

Please ensure that your respective IT department provides access to this link and emails from "SLJ\_geaso@sagicor.com" to all employees.

- ❖ **Submission of the banking information:**

- Pay sites may request Secure File Transfer (SFT) access through slj\_geaso@sagicor.com for the submission of the banking information for the employees of your respective entity

**OR**

- Have each employee enrolled under the GEASO Health Plan complete the **Subscriber Change Request Form** attached. The fillable version is attached separately for ease of access.

- ❖ **Submission of the Beneficiary Information for the Accidental Death and Dismemberment Benefit**

This submission is for all pay sites who are outstanding with the submission of this document since 2019. Please ensure that all employees complete the Beneficiary section of **Subscriber Change Request Form** and return to Sagicor.

We look forward to you full compliance of the requests stated above.





Policy No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      TRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      EMP #: \_\_\_\_\_  
                                  GROUP#                                   ACCOUNT #                                   CARDHOLDER #

\_\_\_\_\_  
 FIRST NAME                      MIDDLE INITIAL                      SURNAME                      MAIDEN NAME

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL NO.: \_\_\_\_\_

MINISTRY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Name of Bank:	
Name of Account Holder:	
Branch:	
Account Number:	
Account Type:	Savings: <input type="checkbox"/> Current/Chequing: <input type="checkbox"/>

Name	Relationship	Date of Birth	TRN

CANCELLATION OF DEPENDENT (I.E. SPOUSE &/CHILD):	
Name	Relationship

Change name from: \_\_\_\_\_ To: \_\_\_\_\_  
NAME IN FULL NAME IN FULL

NAME \_\_\_\_\_ CORRECT DATE OF BIRTH \_\_\_\_\_

*I do hereby revoke any previous designation of beneficiary(ies) with respect to the said Government Employees Administrative Services Only (GEASO) Accidental Death and Dismemberment Benefit and subject to the conditions set forth below, I designate and appoint the following beneficiary(ies):*

BENEFICIARY INFORMATION:			
FULL NAME (i.e. First, Middle and Last)	DATE OF BIRTH	RELATIONSHIP	ALLOCATION (%)

Name of Trustee: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(i.e. First, Middle and Last) MM DD YY

Addition/Cancellation of Dependent(s) ☐

DATE:            /            /

NAME OF ENTITY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

JOB TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNT/GROUP NUMBER \_\_\_\_\_

[illegible]



**SUBSCRIBER INFORMATION****Guardian  
Life (nos.)**

NO. OF SUBSCRIBERS PREVIOUS MONTH

**ADJUSTMENTS**

ADDITIONS

CANCELLATIONS

TRANSFERS (GROUP)

TOTAL SUBSCRIBERS CURRENT MONTH

RATES

TOTALS

**REMARKS:****PAYMENT INFORMATION****BANK DETAILS****CHEQUE NUMBER****DATE****AMOUNT****PRINCIPAL FINANCE OFFICER/BURSAR/FINANCIAL CONTROLLER/ACCOUNTANT**

Please return form to: Director, Public Service Accounts, Ministry of Finance & the Public Service,  
30 National Heroes Circle, Kingston 4.

**Email Address:** [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm) **Tel. No.** [932-4724-5](tel:932-4724-5) and copy to: **Guardian Life**

Please return completed form to: **Director, Public Accounts, Ministry of Finance & Planning, 30 National Heroes Circle, Kgn 4.**

**Email address:** [geasomof@mof.gov.jm](mailto:geasomof@mof.gov.jm) **Tel. No:** [932-4724-5](tel:932-4724-5) **Fax No:** [922-7097](tel:922-7097) or [932-5978](tel:932-5978)

Copy to: **Guardian Life Ltd.**

*MOFP SMS Form April 2014*