



# GEASO - NOVEMBER 2023 CUSTOMER INFORMATION FORM

Policy No.: 0000910000 - \_\_\_\_\_ - 000 \_\_\_\_\_  
GROUP# ACCOUNT # CARDHOLDER #

Employee Name: \_\_\_\_\_  
FIRST NAME MIDDLE NAME SURNAME

TRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

EMP. NO.: \_\_\_\_\_ DOB.: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M  F  Mobile. No (876) \_\_\_\_\_  
MM DD YY

Current Mailing Address: \_\_\_\_\_

Ministry/Department/Agency: \_\_\_\_\_ Entity: \_\_\_\_\_

## ELECTRONIC FUND TRANSFER – This will solely be used for the purpose of payment(s) of health claim reimbursements:

### BANK DATA – (COMMERCIAL BANKS ONLY -- BNS, NCB, SAGICOR BANK, JN BANK, JMMB, FCIB-CIBIC, FIRST GLOBAL)

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

## BENEFICIARY ASSIGNMENT FOR ACCIDENT DEATH AND DISMEMBERMENT

I do hereby designate and appoint the following beneficiary(ies):

### BENEFICIARY INFORMATION:

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

## TRUSTEE FOR MINOR(S) NAMED ABOVE

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

I \_\_\_\_\_ confirm that the information is to be updated on my policy effective of the date below:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY