



**GOVERNMENT PENSIONERS' ADMINISTRATIVE SERVICES ONLY
(GPASO) HEALTH SCHEME
PENSIONER INFORMATION FORM**

Pensioner's Name: _____
FIRST NAME MIDDLE INITIAL MAIDEN NAME SURNAME

TRN: _____ - _____ - _____ Email Address: _____

DOB.: ____/____/____ GENDER: M F Mobile. No.: _____
MM DD YY

Current Mailing Address: _____

Name of Pension Pay Site: _____

POLICY/CARDHOLDER NO.: 0000920000 - _____ - _____ Pensioner's Number: _____

ELECTRONIC FUND TRANSFER – This will solely be used for the purpose of health claims payment:

BANK DATA

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

Pensioner's Signature: _____

Date: _____
DD / MM / YYYY

Please return the completed form to:

Employee Welfare Management Unit, Strategic Human Resource Management Division,
Ministry of Finance & the Public Service, 30 National Heroes Circle, Kingston 4.

Email address: govhealthplans@mof.gov.jm; geasomof@mof.gov.jm

Tel. No: 876-932-5357