

JTA PROTECT PLUS ENROLLMENT FORM

Group Policy Name: JTA Protect Plus - Group Policy Number:

☐New Application ☐Amendment to Coverage

NAME OF MEMBER:

FIRST NAME

MIDDLE NAME

SURNAME

MAIDEN NAME

EMP #: _____ TRN: _____ - _____ - _____ GENDER: Male ☐ Female ☐ DATE OF BIRTH: _____

CELL NO.: (____) _____ - _____ WORK NO.: (____) _____ - _____ HOME NO.: (____) _____ - _____

MAILING ADDRESS: _____

PARISH _____ EMAIL ADDRESS: _____

MINISTRY/DEPARTMENT/AGENCY/SCHOOL: _____ LOCATION/DIVISION: _____

ELECTRONIC FUND TRANSFER (COMMERCIAL BANKING INFORMATION ONLY):

Name of Account Holder(s):	
Name of Bank:	
Branch:	
Account Number:	
Account Type:	Savings: ☐ Current/Chequing: ☐

DEPENDENT INFORMATION (SPOUSE & OR CHILD/CHILDREN-UNDER 26 YEARS ONLY) BIRTH CERTIFICATE MUST ACCOMPANY FORMS:

FULL NAME (i.e. First, Middle Initial & Last)	RELATIONSHIP	Date of Birth MM / DD / YY	TRN

Refer to the accompanying benefit schedules and rate sheet attached. NB: Maximum age of entry is 65 years

CRITICAL ILLNESS (WAITING PERIOD – 12 MONTHS)

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$2,500,000 ☐ \$3,000,000
☐ Member Only ☐ Member + One Dependent ☐ Family

SUPPLEMENTAL LIFE (WAITING PERIOD – 12 MONTHS)

☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000
☐ Member Only ☐ Member + One Dependent ☐ Family

SUPPLEMENTAL HEALTH (WAITING PERIOD – 6 MONTHS)

☐ Member Only ☐ Member + One Dependent ☐ Family

BENEFICIARY INFORMATION:

BENEFICIARY NAME* (i.e. First, Middle and Last)	DATE OF BIRTH MM / DD / YY	RELATIONSHIP	ALLOCATION (%)**

* If a child under the age of 18 years is named, a trustee must be assigned
** If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share

TRUSTEE FOR MINOR(S) NAMED ABOVE

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

I authorize the release of information (Personal, Family, Bank and Tax Registration Number) to the Plan Administrator. I certify that the above information is correct to the best of my knowledge and confirm that I understand the conditions as stated above:

MEMBER’S SIGNATURE: _____ DATE: ____/____/____
MM DD YY