



Guardian Life of The Caribbean Limited

GROUP ENROLMENT CARD

Name of Employee	(First Name)		(Middle N	lame)		(Surname)	
Address of Employee/	, ,						
SEX	1	L STATUS				ER OR E'S BIRTH	DATE
Male	Single	Widowed		Dav		th	
Female	Married	Divorced		1	upation		
				·	·		
Phone (H)	(W)	(C)		No. of	Dependants	- NOT APF	PLICABLE
Do you have any other M							
Name of Plan							
Beneficiary (Full Name)	1			Relatio	nship		
Witness (1)							
	,			Signatur	•		
or earnings, the contributions re as beneficiary to receive any an be bound thereby.	s a member of the Group Insurar quired to be paid by me, if any, ir nounts which may be payable in	accordance with the the event of my deat	terms and c h. I am fami	onditions o	fthe Plan. I nom	ninate the persor	n named above
* List dependants o	ver leaf, if Dependents C	_				ull signatur e)	
	Employer/MASONIC			CIETY	/		
Effective Date of Cove Date entered Employn	erage			Class _ New Cl		Eff. Date	of Change
		DIF		Covera		Life	
Earnings - Monthly — Annually	NOT APPLICA	BLE		001014			
			1	NOT A	PLICABLE	Health	
NOT APPLICA	BLE n	FPFNDFN	ITS	NOT	APPLIC <i>A</i>	ABLE	
	Relationship to	EPENDEN Date of Birth	Effective	e Date			nendent
		EPENDEN Date of Birth	1	e Date		ABLE dress of De	pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
NOT APPLICA Name Of Dependent	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
	Relationship to		Effective	e Date			pendent
Name Of Dependent	Relationship to Covered Employee	Date of Birth	Effective of Cove	e Date erage			pendent
	Relationship to Covered Employee	Date of Birth	Effective of Cove	e Date erage			pendent
Name Of Dependent	Relationship to Covered Employee	Date of Birth	Effective of Cove	e Date erage			pendent
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