

Name of Employer			
Contact Person/Title:		Nature of Business:	
Tel No and Fax No:		Email:	

No.	Employee Name	Sex	Exact Occupation	Date of Birth (MM/DD/YY)	Annual Salary	Class	Spouse* D.O.B. (MM/DD/YY)	Child 1 D.O.B./Sex (MM/DD/YY)	Child 2 D.O.B./Sex (MM/DD/YY)	Child 3 D.O.B./Sex (MM/DD/YY)
E.G.	Mr. John Smith	M	Accountant	12/05/69	50,000	C	10/03/75 NW	05/12/05 M	11/09/09 F	07/14/12 M
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*When completing the SPOUSE information please indicate whether they are Non-Working (NW) or Working Spouse (W) as per the example

Signature of Authorized Employer Representative

Date (MM/DD/YY)

Please return to the attention of:		Fax No: (441) 295-8421	Email Address:	
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