



SALARY DEDUCTION PLAN

FORM OF AUTHORIZATION

Employee Name:		Employee No.	
Company Name:			
Department:		Telephone:	
Address:			
Salary Deduction:		Month Of First Deduction:	
<i>(If Government Employee pay to code #2303)</i>			
Date of New Application:	<i>(dd/mm/yyyy ; abbreviate month e.g. JAN)</i>		

I have applied for a BahamaHealth policy of insurance from Family Guardian Insurance Co. Ltd., under an application date as shown above and understand that the premiums are payable to BahamaHealth.

I HEREBY AUTHORIZE AND REQUEST my employer, as my agent to deduct each month from my salary, beginning with the Month of First Deduction as shown above, the Salary Deduction specified and remit the sum so deducted to BahamaHealth Insurance Brokers & Benefit Consultants Limited, as payment of the premium under policy(s) mentioned below.

Dated _____ day of _____, 20____

Witness

Signature of Employee

Name of Agent

FOR OFFICE USE

(Please list all new and existing accounts)

	INSURED'S NAME	MEMBER NO.	PREMIUM AMT.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

TOTAL DEDUCTION: \$ _____

(N.B. Weekly premiums should be monthlyized by multiplying the premium by 4.3333)

NOTE TO AGENTS: PLEASE COMPLETE FORM IN DUPLICATE AND RETURN STAMPED COPY TO BAHAMAHEALTH.