



Sagicor Life

GOVERNMENT PENSIONERS' ADMINISTRATIVE SERVICES ONLY (GPASO) HEALTH SCHEME

Administered by
SAGICOR LIFE JAMAICA LIMITED

PENSION DEDUCTION AUTHORIZATION FORM (Please fill form in block capital)

I _____
CHRISTIAN NAME MIDDLE NAME SURNAME

do hereby authorise the Accountant General's Department or the Government Pension Scheme Administrator to deduct monthly from my pension, the amount stated below (or amounts as may be determined from time to time in accordance with the Contract between Sagicor Life Jamaica and the Government of Jamaica, for benefits under the GPASO health scheme as indicated hereunder:

PENSIONER: _____
NAME OF PENSION PAY-SITE

PREVIOUS EMPLOYMENT:

CIVIL SERVANT TEACHER POLICE

JDF JFB OTHER: _____

DATE OF BIRTH: _____
DD/MM/YY

ADDRESS: _____

TRN: _____ Telephone No: _____

Individual \$ _____ Family \$ _____

PENSION NUMBER: _____

SIGNATURE : _____

DATE : _____