Guardian Group
Guardian Life of The Caribbean Limited

# EASI Collect - ENROLMENT/CHANGE FORM

☐ **Enrolment** ☐ **Change** ☐ **Termination**

## Section A – Client Information

**Client Name:**

First Middle Last

**Client Email Address:**

**Client Cell No.:**

☐ **Group Health Plan**

Company Name: .....

☐ **Individual Health Policy**

Policy Number: .....

☐ **Provider**

Provider Name: .....

## Section B – Identification (NOT APPLICABLE TO PROVIDERS)

**Insured ID (valid ID only):**

☐ National ID Card ☐ Driver's Permit ☐ Passport

#.....

**PLEASE ATTACH A COPY OF VALID PICTURE IDENTIFICATION**

## Section C – Bank Account Information

**Bank Name:** **Branch:**

**Bank Account Number:**

| # | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**PLEASE ATTACH A COPY OF BANK STATEMENT SHOWING INSURED'S/ PROVIDER'S NAME AND BANK ACCOUNT NUMBER**
(The header (top) of the Bank Statement displaying name and account number is acceptable)

**Type of Account:**

☐ Savings ☐ Chequing

**I, the undersigned, do hereby authorize Guardian Life of the Caribbean to effect action as requested above with respect to my enrolment for/ termination of/ modification to records applicable to the dispatch of my Health Claim payments via ACH, and to initiate contact with me via the email address and/or cellular telephone number stated herein. I acknowledge Guardian Life of the Caribbean is not liable for any incorrect information submitted on this form. I understand that the ACH banking information stated herein supersedes any and all other ACH banking information previously submitted.**

| **Sign:** | **Date:** | **Official Sign/ Company/Provider Stamp** (Not applicable to Individual Health Policies)**:** |
|---|---|---|
| ..... | ..... | ..... |
| Client Signature | yyyy/mm/dd | Company/Provider Signature/Stamp |