



GHANA
EDUCATION
SERVICE

**GES-SIC LIFE GROUP LIFE INSURANCE POLICY
EXIT FORM**

NAME OF EMPLOYEE:

STAFF ID NUMBER:

DISTRICT/REGION:

CONTACT NUMBER:

BENEFITS:

- Subsidized monthly premium of GH¢10.00
 - Death Cover (Natural & Accidental Causes): GH¢18,000
 - Permanent Disability: Up to GH¢18,000
 - 10% Cashback every 3 years when no claim has been made within the period.
- Critical Illness: GH¢9,000 Upon Diagnosis (Cancer, Kidney/Renal Failure, Heart Attack, Deafness, Loss of sight, Stroke, Paralysis, Loss of speech.)

DECLARATION

I declare that I **DO NOT** want to be part of the subsidized GES-SIC Life Group Life Insurance Policy.

SIGNATURE OF EMPLOYEE:

**PROVIDE MOBILE MONEY NUMBER OR BANK ACCOUNT DETAILS FOR
REFUND OF JUNE, 2018 DEDUCTION.**

.....

.....

.....

.....

.....

.....

.....

.....