COVID-19 RELIEF FUND APPLICATION FORM



 $This \ application \ is \ being \ made \ for \ temporary \ FIP \ premium \ relief for \ the \ Primary \ Insured \ Member \ who \ has \ become \ unemployed \ as \ a \ result \ of \ COVID-19.$

| ignature Authorised Organis | nature Print I print I | | | | | ame | | | | | | | | | |
|--------------------------------|--|---------|--------|------|------|--------|------|---------|--------|------|--------|-------|----------------------|------|----|
| ignature Certificate Owner) | | | | Name | | | | | | | | _ | Date (dd/mm/yyyy) | | |
| 0 | I understand and certify that provided is true and correct. | , to tl | ne bes | st o | f my | y kr | owle | edge | e an | d be | elief, | all i | nfor | mati | on |
| 0 | I acknowledge and agree that if my premiums are not paid after this relief period has ended in accordance with the terms and conditions of the FIP certificate issued to me, coverage will be terminated as outlined in the FIP policy held by the Organisation. | | | | | | | | | | | | | | |
| 0 | I acknowledge and agree that this will be a onetime benefit, applicable for six (6) consecutive months only . | | | | | | | | | | | | | | |
| Last Date o | of Operation | | | | | | (dd/ | mm/ | (yyyy) | 1 | | | | | |
| Name of B | usiness | | | | | | | | | | | | | | |
| Has your b 19 after Ma | IPLOYED (Person in business for thems usiness closed as a result of COV arch 31, 2020? | | YES | | 0 | | N | 0 | C |) | | | | | |
| | | | | | | | (da | /mn | 1/ууу | v) | | | | | |
| Last Date o | | | | | | | | | | | | | | | |
| Have you b | pecome unemployed as a result of after March 31, 2020? | | YES | | 0 | | N | 0 | C |) | | | | | |
| | spond to the following: (ED (Person employed for wages or sale | arvl | | | | | | | | | | | | | |
| Certificat | e held? | BR | RANCH | l: _ | | | | | | | | | | | |
| | your Family Indemnity Plan | OF | RGANI | SAT | ION | I: | | | | | | | | | |
| | tion Number | טו | | J | | | טר | | J | | ۲ | ı- | U | | |
| Mobile N | umber dentification | ID | | | | | DP | | | | Р | | | | |
| E-mail ad | | | | | | | | | | | | | | | |
| Mailing a | ddress, if different | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| Last Nam | e | | | | | | | | | | | | | | |
| First Nam | | | | | | | | | | | | | | | |
| Plan Type | | Α | 0 | В | 0 | C | 0 | D | 0 | E | 0 | F | 0 | G | 0 |
| nla T. | | | _ | D | _ | _ | _ | _ | _ | _ | ^ | _ | _ | _ | _ |

COVID-19 RELIEF FUND APPLICATION FORM



| Certified copy of letter from former employer confirming termination due to COVID-19? Certified copy of affidavit* attesting to unemployment due to COVID-19? YES O NO O **Applicable to self-employed persons or informal workers with no access to job letters. Affidavits for Informally Employed Individuals must include: 1. The Role 2. Name of Former Employer 3. Former Employer's address 4. Former Employer's telephone number 5. Length of employment 6. Date of termination due to COVID-19 Certified copy of valid identification? YES O NO O Certified copy of proof of address, not older than three (3) months? FOR OFFICIAL USE ONLY. To be completed by CUNA Caribbean Insurance RECOMMENDED FOR APPROVAL: YES O NO O Signature (Authorised Officer) Affidavits for Self-Employed Individuals must include: 1. Name of Former Business, if applicable 2. Registered address, if applicable 3. Business telephone number 4. Length of time business was in operation 5. Date when business ceased operations due to COVID-19 Certified copy of proof of address, not older than three (3) months? YES O NO O Affidavits for Self-Employed Individuals must include: Affidavits for Self-Employed Individuals mus | FOR OF | FICIAL US | SE ONLY. T | o be completed by the Organisation |
|--|---|---------------------|------------|---|
| employer confirming termination due to COVID-19? VES O NO O Certified copy of affidavit* attesting to unemployment due to COVID-19? YES O NO O Affidavits for Informally Employed Individuals must include: 1. The Role 2. Name of Former Employer Saddress 3. Former Employer's address 4. Former Employer's telephone number 5. Length of employment 6. Date of termination due to COVID-19 Certified copy of valid identification? YES O NO O Certified copy of proof of address, not older than three (3) months? YES O NO O Signature APPROVED YES O NO O Signature Print Name Print Name Date *Applicable to self-employed persons or informal workers with no access to job letters. Affidavits for Self-Employed Individuals must include: Affidavits for Se | Completed Application Form? | YES | 0 | NO o |
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