

GUYANA & TRINIDAD MUTUAL LIFE INSURANCE COMPANY LIMITED

Tel : 592- 225-7910-9

Fax : 592-225-9397

Health Hotline : 592-226-3961

IN ASSOCIATION WITH  
FIRST FLIGHT AIR AMBULANCE CO. LTD.

MEMBERSHIP APPLICATION FOR AIR AMBULANCE SERVICE

EFFECTIVE DATE : -

Print Only

Name :

\_\_\_\_\_

*Last*

*First*

*Middle*

Address :

\_\_\_\_\_  
\_\_\_\_\_

Spouse :

\_\_\_\_\_

*Last*

*First*

*Middle*

Phone# : \_\_\_\_\_

Birth Date : Member ( / / ) Spouse ( / / )  
D M Y D M Y

Age of Primary Member : \_\_\_\_\_ Spouse's Age : \_\_\_\_\_

Type of Membership

(Tick appropriate box )

Single

Family

DEPENDANTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GTM Policy # : \_\_\_\_\_

PREMIUM :

AMOUNT PAID : US\$ \_\_\_\_\_

PREMIUM :

(Tick appropriate box )

Half Yearly

Yearly

\_\_\_\_\_  
Signature of Applicant

Pre - Existing conditions are covered after ninety (90) days.

\_\_\_\_\_  
Agent

GTM'S POLICYHOLDERS