



**STUDENTS GROUP PERSONAL ACCIDENT INSURANCE
APPLICATION FORM**

Name of Student:
First Name Last Name

Student's UTT Identification Number:

Programme Name:

..... Enrolment Date:
(Year/ Month/ Date)

Date of Birth: Gender: Male Female
(Year/ Month/ Date)

Name of Beneficiary:
First Name Last Name

Relationship of Beneficiary:

I hereby apply for Coverage under The University of Trinidad and Tobago Students Group Personal Accident Insurance as per the attached Benefit Schedule. I also acknowledge that coverage is limited to accidents resulting from UTT sanctioned activities only.

.....
Student's Signature Date

FOR OFFICIAL USE

.....
Plan Administrator Signature Date

