



CANCER CARE

Dear Member,

The Bank Employees Credit Union Co-Operative Society is pleased to introduce the **Cancer Care Plan**, an affordable protection programme available to all members of B.E.C.U Limited.

This programme is being offered to you through a Strategic Alliance between your Credit Union, American Life and General Insurance Company (Trinidad and Tobago) Limited (ALGICO) and provides specific benefits for yourself and your family.

Cancer Care is a **Comprehensive Insurance Protection**, which will cover your expenses in the unfortunate event that you are diagnosed with cancer.

STATISTICS SHOW THAT:

One out of every ten (10) women will develop breast cancer in her life-time

One out of every eleven (11) men will develop prostate Cancer

Cancer kills more children ages 3 to 4 than any other disease

Statistics also show that early diagnosis and prompt treatment can prevent death due to Cancer. It is for this reason that the Bank Employees Credit Union is offering you this affordable protection and peace of mind through a Group Programme.

As a member you qualify for a **SPECIAL PREMIUM** savings up to 65%

| CATEGORIES | (without Term Life) | (With Term Life) |
|-------------------------------|---------------------|------------------|
| | \$ | \$ |
| Member only | 25.37 | 40.07 |
| Member & Spouse | 48.20 | 76.13 |
| Member & up to two Dependants | 37.54 | 59.30 |
| Member & Full Family | 62.91 | 99.37 |

Enrolling is easy. Simply complete and detach the enrolment form and bring it in to the Credit Union Office with **the first monthly premium**. Monthly payment for this affordable coverage can be made through salary deductions or standing orders payable to B.E.C.U Limited.

Enroll in the Cancer Care Plan today! If you need further information please contact our office at: 622-4035

NOTE: please be sure to include your first premium along with this enrolment form

| | | | | | | |
|-------------------------|------------|---|--|-----|-----|------------------------|
| CANCER CARE PLAN | | <small>N.B The effective date of the Certificate will always be the first the month following enrolment. PLEASE WRITE CLEARLY: Indicate the complete name, date of birth, age and the relationship of all individuals enrolling in the Plan, including your self.</small> | | | | |
| Last Name | First Name | DATE OF BIRTH Day Month Year | | AGE | SEX | |
| | | | | | | |
| Beneficiary | | | | | | Relationship to Member |
| Covered Dependents | | | | | | Relationship to Member |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

Signature of Applicant

Date: