UNITED DISTRICT CONSTABLES ASSOCIATION

MEDICAL ASSISTANCE FORM

Constabulary Station

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The President
United District Constables Association

Dear Sir,

APPLICATION OF # ----------
FOR MEDICAL ASSISTANCE

I hereby apply for medical assistance from the United District Constables Association in respect to

Myself ☐ spouse ☐ child ☐ who has a medical procedure to be done.

The cost of the procedure is $ ---------- and will be performed by Dr. ----------

---------- At the ----------
Sagicor Life will be paying the sum of, and the Police Welfare Fund will be paying $----------;

Therefore I am expected to pay $----------

Please find attached the following documents;

1. Costing from the Institution or Medical Doctor ☐
2. Pre Authorization Letter from Sagicor Life ☐
3. Birth Certificate/ Marriage Certificate ☐
4 Pay Advice ☐

***Other Comments;***

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---My

Contact numbers are;
Cellular; ----------
Home; ----------
Work; ----------

Sincerely

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Signature

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|---|---|
| Cost of procedure | |
| Amount paid by insurance | |
| Remaining Portion | |
| JCF Welfare Fund | |
| Cheque 3 and amount | |
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