

SALARY DEDUCTION AUTHORITY



Please check all details, then complete the relevant areas of the form and return it to:
BSP Life (Fiji) Limited, GFL BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8340 Web: www.bsplife.com.fj

PLEASE CHECK ALL DETAILS AND COMPLETE THE RELEVANT AREAS OF THE FORM IN BLOCK LETTERS.

EMPLOYER'S DETAILS

Company Name/Government Department

Telephone Number

Employer's Address:

DETAILS OF PERSON MAKING PAYMENTS

Title

Given Names

Surname

Payroll No.

Occupation

Department/Section

Telephone

Facsimile

Email

Postal Address:

DEDUCTION DETAILS

How often will salary deductions occur? (Please Tick(✓) your salary payment mode)

Weekly Fortnightly Semi-Monthly Monthly

Reason for new deduction? (Please Tick (✓) where appropriate)

- New Policy
 Resumption of Existing Policy
 Premium Arrears
 Policy Loan Repayment
 Home Loan Repayment

Policy Number(s)

Policy Number(s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

New Deduction Amount:

Existing Deduction	\$ _____
Add New Deduction	\$ _____
New Amount to be Deducted	\$ _____

AUTHORITY AND UNDERSTANDING

I **understand** and agree that BSP Life may change the premium rate annually if any of the following benefit(s) marked by a tick is/are attached to my new life insurance cover provided notification is given to me in advance of the new deduction amount.

- Bula Flexi Total & Permanent Disability
 Critical Illness Convertible Term Life

I **authorise** my employer to deduct and remit payments as specified by BSP Life.

I **authorise** my employer to deduct and remit payments specified by BSP Life if and when the premium changes yearly as explained above.

I **understand** that cover may be delayed while awaiting deduction from my employer, and I **agree** not to hold my employer or its employees liable if deductions are not made.

This authority replaces all previous authorised and remains valid until either BSP Life or I give notification.

If my instructions should change, I agree that I will contact BSP Life to advise them before such changes are made effective.

Signature

Date