GRENADA UNION OF TEACHERS MEDICAL PLAN

Pensioner\Retired Teachers

FULL NAME: …… **PARISH:** ……

Sir\Madam,

Please cause the sum of **$……** to be deducted each month from my pension for payments to the G.U.T. Group Medical Plan in respect of sundry payment to my credit. The first deduction to that respect of my pension from the month of **…… 20……**

……
SIGNATURE

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DATE

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