



**THE CONTOUR GROUP MEDICAL PLAN  
ENROLLMENT/CHANGE FORM**

<b>THIS FORM IS FOR:</b>		Employee + Spouse			
Participating Organization:		Caribbean Court of Justice		Organization Contact Email:	
				gmarcano@ttictld.com	
Agent Of Record Name:		Anthony N.V. Slinger		Agent Of Record Email:	
				nslinger@ttictld.com	
Employee Name (Last First Middle) :		Maureen Theresa Rajnauth-Lee			
Occupation:	JUDGE	Citizenship:	Trinidad And Tobago	Gender:	Female
				Height:	5 Ft. 5 Inches
				Weight:	160-Pounds
Resident Street Address:			Resident City / State / Postal or Zip Code:		
102 Grapefruit Crescent Haleland Park TRINIDAD AND TOBAGO, WEST INDIES			MARAVAL		
Telephone Number:		868-629-2161		Email:	
				mrajnauthlee@gmail.com	
Identification Number / Social Security Number:			19531029037		Date of Birth:
					10/29/1953
REQUESTED EFFECTIVE DATE (DD/MM/YY):		Date Employed Full Time:		Hours Worked Per Week:	
03/27/2015		03/27/2015		50	
Departure Date from U.S. :		Country of Destination:		Length of Stay:	
		Grenada		n/a	
<p><i>The Contour Group Medical Plan is a surplus lines product underwritten by Certain underwriters at Lloyd's, London. It is distributed, managed and administered, as agent for and on behalf of certain underwriters at Lloyd's, London, by Azimuth Risk Solutions, LLC sm.</i></p>					

<b>DEPENDENTS</b>			
Name (Last, First, Middle)	Gender	Date of Birth	Citizenship
Spouse: LEE, DAVID JUSTIN	Male	10/24/1949	Trinidad And Tobago
Identification Number:	19491024029	Height:	75 Centimeters
		Weight:	150-Pounds
<b>For dependent children age 19 or older, please indicate name and address of college or university and the number of hours enrolled below:</b>			
I refuse coverage for :		Reason:	
<p>I have been given the opportunity to participate in the group insurance plan offered though my employer and I have refused to participate in the coverage as indicated above. I understand that if coverage is desired at a later date, I may be required to furnish, at my own expense, satisfactory evidence of insurability before coverage becomes effective. <b>(SIGN HERE ONLY IF REFUSING COVERAGE)</b></p>			
Signature:	Date:		
Printed Name:			

<b>Questions Answers</b>	
<p>The questions below must be answered for the applicant and every family member included on the Application. For any question answered "Yes," please identify to whom the answer applies (use the number that corresponds to the family member from Part 1), and provide complete details of the medical condition at issue in the space provided in Part 4 of this Application, including the name, address and telephone number of all attending physician(s), diagnoses, all treatment dates, type(s) of treatment, prognosis, and present course of treatment.</p>	
1. Are you or any other applicant currently pregnant, hospitalized, or disabled?	<b>No</b>
2. Have you ever been diagnosed, treated or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Lymphadenopathy Syndrome or any immune system Disorder?	<b>No</b>
3. Have you or any other applicant or any other applicant ever been diagnosed, treated (including medications) or tested for: cancer, diabetes, high blood pressure, neurological,	<b>Yes</b>

or any cardiac, cardiovascular, heart, or circulatory condition?

<b>Name:</b> DAVID J LEE Maureen Rajnauth- Lee	<b>Condition:</b> MILD HYPERTENSION 140/80 (2) Racing Heart Beat ( July 2005)	<b>Date of Treatment:</b> 12/01/2007	<b>Prognosis:</b> ON A DAILY REGIMEN OF ATACAND 15 MG AND EXERCISE (2) Diagnosed as being stress related....no medical treatment was recommended	<b>Physician:</b> DR RYAN ABRAHAM, SERPENTINE ROAD FAMILY CARE ST CLAIR, TRINIDAD...(868)622-7340 (2) Dr Judith Henry 31, Gordon Street, Port of Spain 625-3445
4. During the last 24 months have you or any other applicant been diagnosed, treated (including medications) or tested for any medical, mental or nervous condition or problem? <b>Yes</b>				
<b>Name:</b> MAUREEN RAJNAUTH-LEE	<b>Condition:</b> QUESTION # 4.SLIGHT MINISCUS TEAR AND ARTHRITIS TO LEFT KNEE Urinary tract infection	<b>Date of Treatment:</b> 06/01/2014	<b>Prognosis:</b> PROBLEM TREATED WITH DIET SUPPLEMENTS.....NO MEDICAL TREATED NEEDED Antibiotics	<b>Physician:</b> DR TERRY ALI WESTSHORE MEDICAL CENTRE 239 WESTERN MAIN ROAD, PORT OF SPAIN, TRINIDAD (868)622-9878 Dr Samantha Bhagan. Woodbrook. 625-9883
5. During the last 24 months have you or any other applicant been advised or recommended to have testing, treatment or surgery or do you anticipates testing, treatment or surgery for any medical or mental or nervous condition or problem? <b>No</b>				
6. Gallbladder, pancreas, or liver? <b>Yes</b>				
<b>Name:</b> MAUREEN	<b>Condition:</b> #6, VIRAL HEPATITIS	<b>Date of Treatment:</b> 05/01/2002	<b>Prognosis:</b> PROBLEM RESOLVED, NO FURTHER TREATMENT was REQUIRED	<b>Physician:</b> DR MALCOLM ADAM C/O ST CLAIR MEDICAL CENTRE 11 ELIZABETH STREET PORT OF SPAIN, TRINIDAD AND TOBAGO (868)628-1451
7. Joints or spine? <b>Yes</b>				
<b>Name:</b> MAUREEN RAJNAUTH LEE DAVID J LEE	<b>Condition:</b> SLIGHT MENISCUS TEAR TO LEFT KNEE FROM THREADMILL EXERCISE.. Neck Pain Dec 2005 Surgical Repair to Left Achilles Tendon Aug 2010...Slight Menicus Tear -Left Knee	<b>Date of Treatment:</b> 06/01/2015	<b>Prognosis:</b> TREATING WITH DIETARY SUPPLEMENTS AND MODERATE EXERCISE MRI for Neck Pain ( no further treatment was required) NO FURTHER TREATMENT NECESSARY	<b>Physician:</b> DR Terry Ali, Westshore Medical Centre, Western Main Road, Trinidad and Tobago...(868)622-9878 Dr Ryan Abraham Serpentine Medical DR. Terry Ali
8. Eyes, ears, or nose? <b>No</b>				
9. Mouth, throat, or jaw? <b>No</b>				
10. Chest pain? <b>Yes</b>				
<b>Name:</b> Maureen Rajnauth- Lee	<b>Condition:</b> Chest Pain	<b>Date of Treatment:</b> 07/01/2005	<b>Prognosis:</b> Stress Related...no treatment was required	<b>Physician:</b> Dr Judith Henry, 31 Gordon Street, P.O.S. 625 -3445
11. Headaches, paralysis, or arthritis? <b>Yes</b>				
<b>Name:</b> Maureen Rajnauth Lee	<b>Condition:</b> Left Knee, Arthritis	<b>Date of Treatment:</b> 06/01/2015	<b>Prognosis:</b> Did an MRI..no further treatment required	<b>Physician:</b> Dr Terry Ali. (see above for details)
12. Convulsions or epilepsy? <b>No</b>				
13. Elevated cholesterol? <b>No</b>				
14. Cancer or stroke? <b>No</b>				
15. Kidney or urinary system? <b>Yes</b>				
<b>Name:</b> Maureen Rajnauth_Lee	<b>Condition:</b> Urinary Tract Infection (persistent)	<b>Date of Treatment:</b> 05/01/2014	<b>Prognosis:</b> Treated with antibiotics	<b>Physician:</b> Dr Samantha Bhagan ( see above for address details)
16. Thyroid, breast, or other glands? <b>No</b>				
17. Complicated pregnancy or delivery? <b>Yes</b>				
<b>Name:</b> Maureen Rajnauth Lee	<b>Condition:</b> Delivered 3 boys by C Sections (1977, 1979, 1982)	<b>Date of Treatment:</b> 09/07/1977	<b>Prognosis:</b> None	<b>Physician:</b> Delivery by Medical staff at Maternal Units
18. Tumor, cyst, polyp, or growth of any kind? <b>Yes</b>				
<b>Name:</b> David J Lee (2) Maureen Rajnauth_Lee	<b>Condition:</b> Small pedunculated polyps on Two occasions..last done on October 2015. (2) Fibroids	<b>Date of Treatment:</b> 04/01/2006	<b>Prognosis:</b> Identified during routine colonoscopy (2) Found on routine examinations. no treatment required	<b>Physician:</b> Dr Gerard Farfan Woodbrook, Port of Spain 622-2223 (2) Dr Leola Weithers...Port of Spain, 625-9883
19. Sexually Transmitted disease? <b>No</b>				
20. Heart or circulatory system? <b>Yes</b>				
<b>Name:</b> David J Lee	<b>Condition:</b> Rapid Heart Beat and chest discomfort	<b>Date of Treatment:</b> 04/16/2003	<b>Prognosis:</b> Caused by diet...did an exploratory Angiogram....results were negative.....treatment called for a modified diet and a rigid exercise program.	<b>Physician:</b> Dr Ron Henry and Dr Phillip Texiera St Clair Medical Centre Port of Spain Trinidad
21. Respiratory system? <b>Yes</b>				
<b>Name:</b> Maureen Rajnauth -Lee	<b>Condition:</b> Bronchitis	<b>Date of Treatment:</b> 08/14/2006	<b>Prognosis:</b> Anti Biotics and no further treatment required	<b>Physician:</b> Dr Ryan Abraham ( see above for details)
22. Nervous system? <b>No</b>				
23. Digestive system? <b>No</b>				
24. Prostate? <b>No</b>				
25. Muscular or skeletal system? <b>No</b>				
26. Reproductive system? <b>No</b>				
27. Alcohol or drug dependency? <b>No</b>				
28. Mental health or psychological? <b>No</b>				
29. Diabetes or sugar or blood in urine? <b>No</b>				

### Beneficiary Information

<b>Beneficiary Name:</b> David Justin Lee	<b>Primary/Contingent</b> Primary	<b>Relationship to Employee:</b> Spouse	<b>Percent of Death Benefit:</b> 100%
<b>Beneficiary Name:</b> Gerard J Lee	<b>Primary/Contingent</b> Contingent	<b>Relationship to Employee:</b> Son	<b>Percent of Death Benefit:</b> 50%

