

**MEDICAL BENEFITS SCHEME**



**LETTER OF AUTHORIZATION (A2)**

Important Read Carefully

*Official use*

LETTER OF AUTHORIZATION (A2) is a certification form to facilitate beneficiaries who are not competent to complete the form. This form should be completed and signed by a person of the following designation and station, whether currently employed or retired: a Magistrate, Notary Public, Minister of Religion qualified under the law to perform marriages, Professional Engineer, Professional Accountant, Police Officer(Gazetted Rank), Bank Manager, Registered Medical Practitioner, Dentist, Permanent Secretary, Principal Assistant Secretary, Principal of a Primary or Secondary School, Head of Government Department, Barrister-at-Law, Solicitor or Attorney who has been personally acquainted with the applicant for no less than two (2) years and resident in Antigua and Barbuda.

*Please note that there is a verification process to ensure that the information given is correct.*

I \_\_\_\_\_ (*declarant*), under penalty of perjury pursuant to the laws of Antigua and Barbuda, certify that \_\_\_\_\_ (*Name of beneficiary*)

MB No. \_\_\_\_\_ is a beneficiary of the Medical Benefits Scheme.

He/she authorizes the following three (3) persons to collect his/her medication\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(\*\*Authorized persons must be over twelve (12) years old)*

Signature of Beneficiary: ..... Date: .....

Address ..... Tel. No.: ..... Cell: .....

Signed by: ..... Occupation: .....  
*(Signature)*

Full Name: ..... Date: .....  
*(in block letters)*

Telephone No.: ..... Cell: .....

\_\_\_\_\_  
**Affix stamp (if applicable)**

**OFFICIAL USE**

Processed by: ..... Date: .....

Verified by: ..... Date: .....