

## PERSONNEL DEPARTMENT CIRCULAR NO. 01 OF 2010

**TO** : Permanent Secretaries, Heads of Department,  
Chief Administrator, Tobago House of Assembly,  
and Heads of Statutory Authorities subject to the  
Statutory Authorities Act, Chapter 24:01

**FROM** : Chief Personnel Officer

**DATE** : January 22, 2010

**SUBJECT** : **UNIMED Group Health Plan for monthly paid officers –  
Treatment of misplaced cheques**

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It has come to my attention that there are numerous requests from officers who are members of the UNIMED Group Health Plan (monthly paid) to stop payment on cheques received from the Plan Administrator, which officers claim have been misplaced.

2. These requests result in increasing costs on the Plan since a service charge of \$30.00 is imposed by the Bank for each request. To date, this full charge has been borne by the Plan.

3. In an effort to control costs on the Plan, it has been decided that with effect from **February 1, 2010**, on making a request to stop payment on a cheque, the member must pay \$15.00 towards the service charge: the remaining \$15.00 to be borne by the Plan. In this regard, a written request on the form attached to this Circular must be completed by the member and submitted to a UNIMED Regional Service Centre, together with the fee of \$15.00 in cash. If available, details of the misplaced cheque are to be inserted on the form. A receipt for the sum paid will be issued and the member will be informed of the date on which he/she can collect the replacement cheque at the same Centre.

4. Permanent Secretaries, Heads of Department, Chief Administrator, Tobago House of Assembly and Heads of the relevant Statutory Authorities subject to the Statutory Authorities Act, Chapter 24:01 are kindly requested to ensure that copies of the attached form are made available and that the contents of this Circular are brought to the attention of all officers who are members of the Plan in your organization.

5. This Circular is issued with the agreement of the Public Services Association and the Trinidad and Tobago Unified Teachers' Association and applies equally to office holders under the Salaries Review Commission who are members of the Plan.



**STEPHANIE LEWIS**  
**CHIEF PERSONNEL OFFICER**

**Processing Centre**

No: \_\_\_\_\_

**UNIMED Plan (monthly paid)**

**Stop Payment Request Form**

Name of Payee	Cheque No.	Amount	Date of Cheque

I hereby request that payment on the abovementioned cheque be stopped.

Name of Member \_\_\_\_\_  
(Block Letters)

Signature of Member \_\_\_\_\_ Date: \_\_\_\_\_

I.D./D.P./Passport \_\_\_\_\_

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**For Official Use Only**

Received by: \_\_\_\_\_  
(Block Letters)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processing Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_