



Generali Life Assurance Philippines, Inc.
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APPLICATION FOR GROUP PERSONAL ACCIDENT INSURANCE

Last Name		First Name		Middle Name	
Address				Contact Nos.	
Date of Birth (MM/DD/YYYY)			Place of Birth		
Civil Status		Sex		Nationality	
Employer/Association/Union				SSS/GSIS/TIN	
Source of Fund				Job Title	
Nature of Duties					
Date of Employment/Membership				Date of Permanent Appointment	

FOR HOME OFFICE USE ONLY
Policy No.
Certificate No.
Effective Date
Others

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	SHARE OF PROCEEDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY that the personal data contained herein are true and correct.

APPLICANT'S SIGNATURE
DATE SIGNED