



Generali Life Assurance Philippines, Inc.

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APPLICATION FOR GROUP TERM LIFE AND HOSPITALIZATION INSURANCE

Last Name		First Name		Middle Name	
Date of Birth (MM/DD/YYYY)		Place of Birth		Civil Status	
Employer/Association/Union		Job Title		Sex	
Date of Employment/Membership		Date of Permanent Appointment			

FOR HOME OFFICE USE ONLY
Policy No.
Certificate No.
Effective Date
<input type="checkbox"/> Employee
<input type="checkbox"/> Employee and Dependents

FOR GROUP LIFE INSURANCE

FOR POLICY WITH DEPENDENT'S COVERAGE

Name of Beneficiary	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Dependents	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

APPLICANT'S SIGNATURE

DATE SIGNED