



Generali Life Assurance Philippines, Inc.

10th Floor Petron Mega Plaza
 358 Sen. Gil J. Puyat Ave., Makati City
 1209 Philippines
 T +632 8888 0808 / F +632 8868 3388
 TIN 203-028-895-000

www.generali.com.ph

APPLICATION FOR GROUP INSURANCE

In the Philippines, group insurance products and medical benefits are provided by Generali Life Assurance Philippines, Inc. ("GLAPI"), a wholly owned subsidiary of the Generali Group.

General Instruction: Kindly fill out all the information needed, when applicable, using Black or Blue ink only.

Registered Name			
Trade Name or Doing Business As			
Country of Incorporation			
Date of Incorporation (DD/MM/YYYY)			
Entity Type	<input type="checkbox"/> ROHQ / RHQ (Branch/Representative)	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association (NPO/NGO/Charity/Club/Society)	
	<input type="checkbox"/> Others (please specify): _____		
Nature of Business			
Office Address			
Tax Identification Number		SSS No.	
Telephone Number/s		Fax Number/s	
Plan of Insurance			
Riders / Supplementary Benefits			
Policy Effective Date		<input type="checkbox"/> Contributory	<input type="checkbox"/> Non-Contributory
List of Directors/Partners (Please use additional sheets if necessary)			
_____		_____	
_____		_____	
_____		_____	
Beneficial Owner(s) – Owning at least 20% of the capital stock and has an effective control over the company <small>(Please use additional sheets if necessary.)</small>			
Note: This is a requirement pursuant to the 2018 Revised Implementing Rules and Regulations of RA 9160, As Amended, otherwise known as the Anti-Money Laundering Act of 2001. (Use additional sheets if necessary)			
(1) First Name, Middle Name, Last Name			
Tax Identification Number		Citizenship	
Country of Birth		Date of Birth	
Address		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
(2) First Name, Middle Name, Last Name			
Tax Identification Number		Citizenship	
Country of Birth		Date of Birth	
Address		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

"DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54 your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph



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First Name, Middle Name, Last Name of Authorized Representative			
Position/Title			
Email Address		Telephone Number/s	
Tax Identification Number		Citizenship	
Country of Birth		Date of Birth	
Address			Sex [] Male [] Female

Privacy Consent:

By signing below, you agree that the purchase, enrollment, maintenance, access or continued use of any GLAPI's product and services shall be deemed as your acceptance and agreement to be bound by the terms of this Privacy Consent Statement.

You also explicitly authorized and given consent to GLAPI for the collection, use, and processing of Personal Data that you provided for the following purposes:

- For providing, processing and administering your application and Policy for GLAPI insurance products and services;
- For administering and servicing GLAPI products and services, including adjudication of claims under your insurance plan;
- For informing you of GLAPI's products and services, including marketing or promotional information on GLAPI's products and services through phone calls, mail, email, SMS or other electronic channels;
- For complying with applicable laws, regulations or obligations of GLAPI to any competent authority, regulator, enforcement agency, judicial and quasi-judicial body or tribunal;
- For identification, investigation and prevention of financial crimes such as money laundering and terrorist financing, bribery and fraud

You agree and give consent to GLAPI to disclose and share the Personal Data to the following:

- Between and among Generali Group for lawful purpose such as verification of identity in accordance with the Company's prescribed verification procedure, business development, data processing, analysis and management, surveys, product and service offers, account servicing, marketing activities, risk management purposes, collections purposes;
- Accredited third party service providers and vendors necessary for the purposes of carrying out GLAPI products and services;
- Government or regulatory bodies or any person to whom GLAPI must disclose data: (a) under a legal and/or regulatory obligation in that jurisdiction applicable to GLAPI; or (b) pursuant to an agreement between GLAPI and the relevant government regulatory body or other person.

The sharing of personal data shall only be made when legally necessary and shall be limited to the purpose stated therein. Your personal information shall be retained by GLAPI throughout the duration of your plan and until the retention period set by applicable laws, rules and regulations.

Name of the Company/Policy Owner: _____

 Signature over printed name
 of Authorized Representative

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Declaration and Agreement

By Signing this Agreement:

I understand that all the insurance benefits and principal terms and conditions contained in the formal proposal and in the subsequent amendatory communications relating thereto, if any, which we have finally accepted shall be fully embodied in the Group Master Policy applied for. Said Policy together with this application shall constitute the entire contract between the parties hereto.

During the effectivity of the of the contract policy, the customer/client agrees to the following:

- a. measures to restrict the services available or prohibit any further transaction on the contract/policy until full/proper CDD measures have been successfully conducted and;
- b. in case the foregoing is unsuccessful, terminate business relationship. The exercise of the Company of this measure shall only entitle customer/client to receive the unused portion of premiums or withdrawal value, if any, whichever is applicable.

I hereby declare and confirm under the penalty of perjury that I am authorized to complete this document and that to the best of our knowledge and belief, the information and data given herein are true and correct.

Please submit General Documentary Requirement(s)

- a. Certificate of Registration issued by the Department of Trade and Industry, Securities and Exchange Commission, Bangko Sentral ng Pilipinas and AMLC (*for money changers/foreign exchange dealers and remittance agents only*);
- b. Articles of Incorporation/Partnership;
- c. Registration Data Sheet / Latest General Information Sheet;
- d. Secretary's Certificate for Authorized Signatory;
- e. For entities registered outside the Philippines, all documents must be authenticated by the Philippine Consulate.

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE

PRINTED NAME	
POSITION	
DATE	

WITNESS (PRINTED NAME AND SIGNATURE)

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