



Generali Life Assurance Philippines, Inc.
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INDIVIDUAL APPLICATION AND HEALTH STATEMENT FORM

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.

Last Name			First Name			Middle Name			Membership as a <input type="checkbox"/> Principal <input type="checkbox"/> Dependent If a Dependent, indicate the name of Principal: _____		
Residence Address						(Street No.)			(Brgy.)		
(City/Municipality)				(Province)			(Country)		(Zip Code)		
Contact Details: Home			Office			Cell Phone			Fax		
Date of Birth (DD/MM/YYYY)			Place of Birth			Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	
Nationality			Citizenship			Occupation					
Source of Fund/Wealth						SSS/GSIS/TIN/Phil I.D. : Others (Please specify) :					
Name of Employer						Nature of Business					
Business Address						Email Address					
Occupation:						Date Employed (DD/MM/YYYY):					
<i>This portion is applicable for Credit Life coverage only</i>											
Loan Amount						Loan Term					

NAME OF BENEFICIARY (First Name, M.I., Last Name)	DATE OF BIRTH	CITIZENSHIP	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

	Y	N	Details of "yes" answers (Use separate sheet if needed)
1. Any weight change (lost/ gained) of more than 5 lbs. during the last 5 months? If so, by how many pounds and what was the reason for the loss/ gain?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you ever suffered from or sought medical treatment for:	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. epilepsy, fainting or any disorder of mental or nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. asthma, bronchitis or any lung problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. chest pain, stroke or any heart disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. indigestion, ulcer, chronic or recurrent diarrhea, or any other disorder of the digestive system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. diabetes or any disorder of the kidney, liver or urinary system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. rheumatic fever, arthritis, gout or any joint or bone disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. cancer, tumor, enlarged gland or blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. unexplained recurrent or persistent fever, weight loss or any skin disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. any sexually transmitted disease (such as syphilis or gonorrhea) or viral disease (e.g. hepatitis B or AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. any other illness, injury, not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	_____

"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"

