

Generali Life Assurance Philippines, Inc. 10<sup>th</sup> 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

## 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 N	lame	Middle	Name						ependent
Residence Address	6	(	Street No.)						(Brgy.)	
(City/N	Municipality)		(Province)		(C	ountry)			(Zip Cod	e)
Contact Details:	Home	Office		Cell F	Phone			Fax		
Date of Birth (DD/N	ΙΜ/ΥΥΥΥ)	Place of Birth				Age	Sex	Vale <sup>-</sup> emale	Height	Weight
Nationality		Citizenship		Occu	pation		-			
					S/GSIS/TIN/Phil I.D. : ers (Please specify) :					
Name of Employer					Nature	of Busir	ness			
Business Address					Email Address					
Occupation:				Date Employed (DD/MM/YYYY):						
This portion is appl	icable for Credit Li	e coverage only								
Loan Amount					Loan To	erm				
NAME OF BEN (First Name, M.I.,		DATE OF	BIRTH	(	CITIZENS	SHIP		REI	LATIONSH	IP
					Y	N	De (Use s	etails of "y separate :	ves" answer sheet if nee	s ded)
<ol> <li>Any weight change by how many pound</li> </ol>	(lost/ gained) of mo ds and what was the			hs? If s	0, 🗌					- 
2. Have you ever suffe	red from or sought r	nedical treatment	for:							
a. epilepsy, fai										
c. chest pain, stroke or any heart disorder?										
d. indigestion, ulcer, chronic or recurrent diarrhea, or any other disorder of the digestive system?			ie 🗆							
e. diabetes or any disorder of the kidney, liver or urinary system?										
f. rheumatic fever, arthritis, gout or any joint or bone disorder?										
<ul><li>g. cancer, tumor, enlarged gland or blood disorder?</li><li>h. unexplained recurrent or persistent fever, weight loss or any skin disorder?</li></ul>										
			•							
•	y transmitted disea g. hepatitis B or AID		nus or gonorrhea	) or vir	al 🗌					
	ness, injury, not me	•								
j. any other in						Ш —				

"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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3. Have you ever been diagnosed as suffering from hypertension?		
4. Have you ever been prescribed drugs for any conditions in 1, 2 or 3?		
5. Have you ever been confined in nursing homes, sanitariums, hospitals for illness, surgical operations, or invasive procedures different from appendectomy, tonsillectomy, adenoidectomy, hemorrhoidectomy, herniectomy, cholecystectomy, child delivery, made within the last 5 years?		
6. Have you ever undergone laboratory test or other diagnostic examinations which		
revealed abnormal results?		
<ol><li>Any hospital confinement or surgical procedure being contemplated due to 6?</li></ol>		
8. Have you ever received treatment with any blood products or undergone blood transfusion?		
9. Any other disease or complaint not mentioned above?		
10. Except as prescribed by a physician, have you ever used shabu, cocaine, heroin, marijuana or other narcotics?		
11. Do you smoke or have you ever smoked more than 10 cigarettes per day?		
12. Do you take or have you ever taken more than six units of alcohol per day (1 unit = $\frac{1}{2}$ pint beer/ lager, 1 standard glass of wine, 1 pub measure of spirit)?		
13. Have you ever been advised by a physician to stop smoking or drinking alcohol or to drink in moderation?		
14. Are you currently taking medications, or are you under medical care of any kind?		
15. For females: Are you pregnant? Any complications with pregnancy?		
16. Do you have any relative who holds or has held a senior position in government, a political party, the military, or any tribunal or government-owned corporation?		
17. Do you have any other application for a reinstatement of life insurance pending? If yes, give details. With GLAPI P		
With other companies     P		

I, the proposed life insured individual, declare under the penalty of perjury that to the best of my knowledge and belief the above answers and statements are true, complete and correctly recorded; and agree that, this application, if approved while I am alive and actively at work or actively engaged in the exercise of my occupation, and in good health, with the answers given in any other declaration which may be required by Generali Life Assurance Philippines, Inc. (GLAPI) and which relates to the insurability of the proposed life insured individual or to change of this policy coverage, shall be the basis for delivery, change or reinstatement of insurance coverage.

By signing below, I agree that:

- I understand that the GLAPI is a member of Generali Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S. Internal Revenue Service) as well as other legal obligations relating to information sharing and tax reporting from time to time ("regulatory and legal requirements").
- All material facts, being facts which might influence the assessment of this Application, have been truthfully, completely and correctly disclosed in this Application and/or any other declaration which may be required by GLAPI, it being understood that my failure to make such disclosure renders the contract void.
- 3. I consent to the collection, processing, use and storage of information provided to GLAPI and I will provide the information they will request from time to time and allow them to share/report such information with their local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement as well as accredited third party service provider for the execution of the Policy Contract and its supplementary benefits. All medical information given will be uploaded to a medical information database accessible to all insurance companies for the purpose of enhancing risk assessment and preventing fraud.
- 4. I will notify GLAPI as soon as possible of any change in the information that I have provided to them, including any circumstances such as a change in my residence, address, telephone number and citizenship.
- 5. I hereby waive any rights I may have that would prevent GLAPI from meeting reporting requirement mentioned above.
- 6. GLAPI reserves the right to deny claims on the basis of gross fraud or valid grounds recognized under the laws and settled jurisprudence in case of death in any year.
- 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

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.

SIGNED AT	ГON	

SIGNATURE OVER PRINTED NAME OF WITNESS SIGNATURE OVER PRINTED NAME OF PROPOSED INSURED INDIVIDUAL

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