



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

INDIVIDUAL APPLICATION 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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").

*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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2. 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.
7. 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.

SIGNED AT _____ ON _____

SIGNATURE OVER PRINTED NAME
OF WITNESS

SIGNATURE OVER PRINTED NAME
OF PROPOSED INSURED / DEBTOR

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