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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 using CAPITAL LETTERS and black ink. Tick the appropriate box to indicate your choice. If not applicable, put "N/A" in all empty fields.

PERSONAL INFORMATION												
Last Name First	Name Middle	e Name				v (1 <sup>st</sup> - 2 <sup>nd</sup>						
					□ Old	(3 <sup>rd</sup> cycle	B <sup>rd</sup> cycle & up)					
Residence Address	(Street No.)						(Brgy.)					
(City/Municipality)	(Province)		(C	ountry)			(Zip Code)					
Contact Details: Home	Office	Cell	Phone			Fax						
Date of Birth (DD/MM/YYYY)	Place of Birth					Male Female	Height (ft. & in.)	Weight (lbs.)				
Nationality	Citizenship	Civil	Status				•					
			□ Si □ Se	ngle eparated	ł	<ul> <li>Married</li> <li>Widowed</li> </ul>						
Source of Fund/s			SSS/GSIS/TIN/Phil I.D. :									
	Othe	Others (Please specify) :										
Name of Employer		Nature of Business										
Business Address		Email Address										
Occupation:		Date Employed (DD/MM/YYYY):										
This portion is applicable for Credit Li	fe coverage only											
Loan Amount			Loan Te	erm								
NAME OF BENEFICIARY (First Name, M.I., Last Name)	DATE OF BIRTH		CITIZEN	SHIP	_	RELATIONSHIP						
	DEPENDENTS INFO	ORMAT	ION		_							
Spouse's Name (for legally married)	□ New (1 <sup>st</sup> -	- 2 <sup>nd</sup> cycle	e) □ Old (3ª	<sup>d</sup> cycle & u	p		of Birth	Age				
Children's Name (for biological & legally adopted children from eldest to youngest) 1.							of Birth	Age				
2.	New (1 <sup>st</sup> ·	•	, ,		· — —	)						
3		e) □ Old (3 <sup>rd</sup>			)	<u> </u>						

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Sibling's Name (for single members only, from eldest to youngest)	Sibling's N	ame (for	single	members	only, fro	m eldest	to youngest)
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1.		
2.		
3		

Parent's Name (for single members only)

or invasive procedures different from appendectomy, tonsillectomy, adenoidectomy, hemorrhoidectomy, herniectomy, cholecystectomy, child delivery, made

within the last 5 years?

1.

2.

3

1.		
2.		

Extended Dependents (other type of dependents)

)	Date of Birth	Age
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
□ New (1st - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
	Date of Birth	Age
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
	Date of Birth	Age
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		
□ New (1 <sup>st</sup> - 2 <sup>nd</sup> cycle) □ Old (3 <sup>rd</sup> cycle & up)		

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□ New (1<sup>st</sup> - 2<sup>nd</sup> cycle) □ Old (3<sup>rd</sup> cycle & up \_\_\_\_)

]		Member		Spouse / Partner		Child 1/ Sibling 1		Child 1/ Sibling 1		Father/ Mother		Extended Dependent		Details of "yes" answers	
Please p	out check in the box if Yes[Y]/No[N].	Y	Ν	Y	Ν	Y	N	Y	Ν	Y	Ν	Ŷ	Ν	(Use separate sheet if needed)	
lbs. c	weight change (lost/ gained) of more than 5 luring the last 5 months? If so, by how many nds and what was the reason for the loss/ ?														
2. Have treatme	you ever suffered from or sought medical nt for:														
a.	epilepsy, fainting or any disorder of mental or nervous system?														
b.	asthma, bronchitis or any lung problem?														
С.	chest pain, stroke or any heart disorder?														
d.	indigestion, ulcer, chronic or recurrent diarrhea, or any other disorder of the														
e.	diabetes or any disorder of the kidney,														
f.	rheumatic fever, arthritis, gout or any joint														
g.	cancer, tumor, enlarged gland or blood disorder?														
h.	unexplained recurrent or persistent fever, weight loss or any skin disorder?														
i.	any sexually transmitted disease (such as syphilis or gonorrhea) or viral disease (e.g. hepatitis B or AIDS)?														
j.	any other illness, injury, not mentioned above?														
3. Have hyperter	you ever been diagnosed as suffering from nsion?														
conditio	you ever been prescribed drugs for any ns in 1, 2 or 3?														
	you ever been confined in nursing homes, ns, hospitals for illness, surgical operations,														

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6. Have you ever undergone laboratory test or other							 
diagnostic examinations which revealed abnormal							
results?							 
7. Any hospital confinement or surgical procedure being contemplated due to 6?							 
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? Note: Any claims related to pregnancy/maternity is							
not covered under this policy if coverage is less than one year.							
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							

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Payment Information of the Applicant [FILL OUT ONLY IF APPLICABLE]									
Account details									
Bank/Branch Name Ba	Bank Account Number owned by the Applicant (Insert zeros in blank cells if need be)								
OR									
Card □ Visa □ MasterCard	Cardholder's name								
Card number Expiry date									
Issuing Bank Name:									
<ul> <li>The Applicant / Account Holder authorizes GLAPI to arrange for funds to be debited from the given bank account / card at the financial institution identified above to pay any premium or other payment due to GLAPI in respect of the Life Insurance Policy.</li> <li>The Applicant / Account Holder understands and agrees that:</li> <li>The premium payment in respect of the Life Insurance Policy with GLAPI will be charged to the given bank account / card account.</li> <li>GLAPI will debit the account for the sum of the amounts due at the debit date. In the event of a change in premium, the amount that will be debited will be the premium as applicable which may be different from the premium paid till date. No fresh authorization will be required.</li> <li>The Applicant / Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments on the due date for payments.</li> <li>To inform GLAPI, in writing, if the nominated bank account / card is cancelled, substituted, or not renewed and to make alternate arrangement to pay premium to GLAPI on or before the due date to keep the policy in force. The Applicant / Account Holder undertakes to submit a fresh mandate in case of bank account / card subscription renewal.</li> <li>The Applicant / Account Holder can change, cancel, defer, or suspend the details of the <i>Payment Information</i> by providing written notice to GLAPI (customercare@generali.com.ph) at least 14 days before the next drawing date to allow the proper processing of given instructions.</li> <li>If a debit is unsuccessful, for example, due to the lack of funds or for any other reason, GLAPI will cancel the payment in respect of the dishonored debit. In some instances (e.g., insufficient funds in the given bank account / card subscription. The Applicant / Account Holder is nesponsibility.</li> </ul>									
Name - Account holder 1/Primary cardholder									
Signature	Date								
Name – Account holder 2 (if applicable)									
Signature	Date								

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.

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### **Privacy Provisions and Consent:**

Generali Life Assurance Philippines, Inc. ("GLAPI"), as Personal Information Controller, puts premium value to the privacy and security of the Personal Data entrusted to it by its clients for providing insurance policy. It aims to comply with the Data Privacy Act of 2012, its Implementing Rules and Regulations and the issuances of the National Privacy Commission. It regards its clients' privacy with utmost importance.

## What kind of personal data does GLAPI collect, and for what purposes?

GLAPI collects your personal data through this application form, before changes or renewals of your policy with us, to process and assess this Application and Policy for GLAPI insurance products and services; to design and provide you with competitive and fit-to-your needs insurance products and services and administer them (including collection of premiums and other activities provided for by the contract); to inform you of GLAPI's products and services you might be interested in, including marketing or promotional information on GLAPI's products and services through phone calls, email, SMS or other electronic channels (including contests or prize draws or other sales promotion); to understand your preferences as customer and get your feedback; to prepare your subsequent renewals; to comply with applicable laws, regulations or obligations of GLAPI to any competent authority, regulator, enforcement agency, judicial and quasi-judicial body or tribunal; to identify, investigate and prevent financial crimes such as but not limited to money laundering and terrorist financing, bribery and fraud (including performance of internal controls); to process your claim; and to respond to a voluntary customer satisfaction survey.

Any personal data being transferred to GLAPI needs to be accurate and complete to the extent necessary for the purposes identified. Thus, to ensure that GLAPI can be always available and guarantee a seamless customer experience, kindly communicate any rectification or deletion of personal data to GLAPI's Data Protection Officer at privacy@generali.com.ph. We count on your collaboration.

The types of Personal Data that GLAPI collects and processes may include sensitive personal information: Biographical and identification data (including age); Social circumstances data (including marital status); Medical Information (including health status); Economic and financial data; or Tax and bank account details. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or perform the purposes mentioned above.

### With whom does GLAPI share your personal data?

As a general rule, GLAPI does not transfer your personal data outside the Philippines, nor to third parties.

However, we may disclose your personal data to third parties for and in connection with such purposes, including accredited third party service providers and vendors necessary for the purposes of carrying out GLAPI products and services; other companies within Generali Group; banks and financial institutions, for the management of collections and payments; Medical Information Database administered by the Philippine Life Insurance Association (PLIA) and accessible to life insurance companies for purposes allowed under IC Circular Letter No. 2016-54, Loan Database administered by the Credit Information Corporation and other databases administered by similar agencies; or our 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. These third parties may be located outside of the Philippines. In any case, the transfer of your personal data will be performed in compliance with the applicable laws and international agreements in force, as well as on the basis of appropriate and suitable safeguards.

#### For how long does GLAPI retain your personal data?

GLAPI shall retain the personal data throughout the duration of the insurance policy and for a period of five (5) years from termination or, in case of disputes, for the statute of limitations set forth under the applicable laws, unless otherwise required by applicable laws, rules, or regulations.

#### What are your data privacy rights and how can you exercise them?

Your data privacy rights (including the right to rectify and the right to file a complaint to the National Privacy Commission) are respected across everyone involved in processing your personal data.

If you would like to exercise any of your rights or obtain a copy of any of your personal data that GLAPI holds, or if you believe that any of your personal data which we collected and maintained is inaccurate and needs to be corrected or updated, or if you have a complaint or want more information about how GLAPI manages your personal data, please contact GLAPI's Data Protection Officer at: privacy@generali.com.ph.

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## Commitment to transparency

We work to earn and maintain trust through ongoing transparency into the actions we take. Therefore, to complete the information provided here, please read our Privacy Policy at our website: <u>https://www.generali.com.ph/privacy-policy/</u>

## Your consent

GLAPI is committed to becoming the life-time partner of the Applicant. Therefore, GLAPI would like to continuously keep the Applicant informed of new products or services, offer discount codes or promotions or sending invitations to events that can be of the Applicant's interest even after the eventual termination of the insurance policy. Please select your preferred option:

□ Yes. I would like to receive valuable information in the future. I am aware that I will always be able to opt-out and withdraw my consent at any time.

🗆 No

By signing below, you acknowledge the information provided here and in the Privacy Policy, and provide your consent for the collection, use, process and disclosure of your personal data, and your agreement to be bound by the terms of this Privacy Consent Statement. This consent remains valid until you alter or revoke it by providing written notice to GLAPI's Data Protection Officer at <u>privacy@generali.com.ph</u>. If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim. As anticipated, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to GLAPI's DPO.

SIGNED AT

\_ON\_

SIGNATURE OVER PRINTED NAME OF WITNESS SIGNATURE OVER PRINTED NAME OF PROPOSED INSURED / DEBTOR

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