

Master Policy No.	 <b>ASIANLIFE</b> & GENERAL ASSURANCE CORPORATION 3/F Morning Star Center, 347 Sen. Gil J. Puyat Avenue 1200 Makati City, Philippines	Certificate No.				
Effective Date		Nationality				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Sex</td> <td style="width:50%; text-align: center;">Civil Status</td> </tr> <tr> <td style="text-align: center;">M F</td> <td style="text-align: center;">S M SEP W D</td> </tr> </table>	Sex	Civil Status	M F	S M SEP W D
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M F	S M SEP W D					

**APPLICATION FOR GROUP INSURANCE**

PRINTED NAME OF APPLICANT

LAST	FIRST	MIDDLE
DATE OF BIRTH	AGE	PLACE OF BIRTH
RESIDENCE ADDRESS		TEL. NO.
EMPLOYER/ASSN./UNION	ADDRESS	TEL. NO.
OCCUPATION/POSITION	BASIC SALARY	DATE EMPLOYED/MEMBERSHIP
PLAN OF INSURANCE	DATE OF EFFECTIVITY	PREMIUM
AMOUNT OF INSURANCE:	LIFE	AD&D
		TPD
		HOSP.

**HEALTH DECLARATION**

1. I have not now, never had, nor consulted any physician for: cerebral hemorrhage, heart disease, high blood pressure, tuberculosis, kidney disease, cancer or tumor, diabetes, nor any disease, injury, nor impairment not mentioned above; nor undergone any operation, or hospitalization.
2. I have never been declined, accepted substandard, postponed nor offered a policy different from that applied for.
3. I possess sound health, am able to perform the normal activities in pursuit of my livelihood and am free from any physical or mental infirmity.

EXCEPTIONS: (STATE IN FULL DETAILS)

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I HEREBY DECLARE that all the foregoing answers and statements are complete and true and correct to the best of my knowledge and belief. I hereby agree that if there be any fraud and misrepresentation in the above statement material to the risk, the Insurance Company upon discovery within one (1) year from the Effective Date of insurance shall have the right to declare such insurance null and void.

_____	_____	_____
WITNESS	DATE SIGNED	SIGNATURE OF EMPLOYEE/MEMBER

**BENEFICIARIES**

NAME	DATE OF BIRTH	AGE	RELATIONSHIP	NAME	DATE OF BIRTH	AGE	RELATIONSHIP

**NAMES OF ELIGIBLE DEPENDENTS**

NAME	DATE OF BIRTH	AGE	RELATIONSHIP	NAME	DATE OF BIRTH	AGE	RELATIONSHIP

**FOR HOME OFFICE USE ONLY**

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