



INDIVIDUAL APPLICATION FOR GROUP CREDITORS LIFE INSURANCE PLAN

Last Name		First Name		Middle Name	
Date of Birth	Age	Place of Birth	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated		Occupation	Height _____ kgs/lbs Weight _____ ms/ft. in.	Contact No. / Mobile No.	
Residence Address:					
Business Address:					

CONTINGENT BENEFICIARIES

Name	Date of Birth	Age	Relationship	% share in proceeds

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 tumor, diabetes, HIV, 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.

EXCLUSIONS: (State in full details)

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 No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

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 with one (1) year from Effectivity Date of insurance shall have the right to declare such insurance as null and void.

Signed at _____ this _____ day of _____, _____

Signature of Debtor

FOR CREDITORS USE ONLY

Group Name : _____
Amount of Loan : _____
Term of Loan : _____
Monthly Amortization : _____
Premium : _____
Form no. UW-2017

FOR ETIQA PHILIPPINES USE ONLY

Date Received : _____
Received By : _____
Remarks : _____
 Std. Amount : _____
 Sub- Std. Amount : _____
 Std. Premium : _____
 Sub-Std. Premium : _____
 Others : _____