



formerly Generali Life Assurance Philippines, Inc.

InLife Benefits Insurance Company, Inc.
10th Floor Petron Mega Plaza, Makati City Philippines 1209
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inlifebenefits.com.ph

APPLICATION FOR GROUP INSURANCE

Group insurance products and medical benefits are provided by InLife Benefits Insurance Company, Inc., a wholly owned subsidiary of the Insular Life Assurance Company, Ltd.

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.

Form with multiple sections: Registered Name of the Applicant, Trade Name or Doing Business As, Country of Incorporation, Date of Incorporation, Entity Type, Nature of Business, Sources of Fund and Wealth, Complete Office Address, Tax Identification Number, Telephone Number/s, Fax Number/s, Plan of Insurance, Riders / Supplementary Benefits, Policy Effective Date, List of Directors/Partners, List of Shareholders, Beneficial Owner(s), and personal information fields.

Address		Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
(2) First Name, Middle Name, Last Name			
Tax Identification Number		Citizenship	
Country of Birth		Date of Birth	
Address		Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name, Middle Name, Last Name of <b>Authorized Representative</b>			
Position/Title			
Email Address		Telephone Number/s	
Tax Identification Number		Citizenship	
Country of Birth		Date of Birth	
Address		Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Other Business Relationships with Insular Life Assurance Company, Ltd.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please briefly explain:			

"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](http://www.insurance.gov.ph)

Continue filling out this form on the following page



- For administering and servicing INLIFE BENEFITS products and services, including adjudication of claims under your insurance plan (including all beneficiaries/insureds), collection of premiums, additional payments, and other activities provided for by the contract;
- For informing the Applicant and its insureds and beneficiaries of INLIFE BENEFITS's products and services, including marketing or promotional information on

INLIFE BENEFITS's products and services through phone calls, mail, email, SMS or other electronic channels;

- For preparing estimates and subsequent renewals;
- For complying with applicable laws, regulations or obligations of INLIFE BENEFITS to any competent authority, regulator, enforcement agency, judicial and quasi-judicial body or tribunal;
- For identification, investigation and prevention of financial crimes such as but not limited to money laundering and terrorist financing, bribery and fraud (including performance of internal controls).

INLIFE BENEFITS will process the Personal Data only in compliance with the Applicant's instructions and exclusively for the purposes described above.

## **B. Sharing of Personal Data**

The Applicant agrees and gives consent to INLIFE BENEFITS to disclose and share the Personal Data to the following:

- Between and among Insular Life Assurance Company, Ltd. -located outside the Philippines- for lawful purpose such as verification of identity in accordance with the INLIFE BENEFITS's prescribed verification procedure, business development, data processing, analysis and management, surveys, product and service offer, account servicing, marketing activities, risk management purposes, collections purposes;
- Accredited third party service providers and vendors necessary for the purposes of carrying out INLIFE BENEFITS products and services;
- 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;
- Government or regulatory bodies or any person to whom INLIFE BENEFITS must disclose data: (a) under a legal and/or regulatory obligation in that jurisdiction applicable to INLIFE BENEFITS; or (b) pursuant to an agreement between INLIFE BENEFITS and the relevant government regulatory body or other person.

The sharing of Personal Data shall only be made when legally necessary and shall be limited to the purpose stated therein. In any case, the transfer of Personal Data is performed in compliance with the applicable laws and international agreements in force, as well as on the basis of appropriate and suitable safeguards.

## **C. Retention of Personal Data**

INLIFE BENEFITS 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.

## **D. Applicant's Undertaking and Data Subjects' Rights**

The Applicant warrants, represents, and undertakes that:

- It complies and will remain compliant with the Data Privacy Act of 2012 and applicable data protection regulations during the term of the agreement.
- It has obtained necessary Consent of the Data Subject to disclose his/her Personal Data to INLIFE BENEFITS for the purposes described above.
- The Personal Data that will be shared with INLIFE BENEFITS has been collected, used, disclosed and transferred to INLIFE BENEFITS in accordance with the Data Privacy Act of 2012 and applicable data protection regulations. The Applicant declares the lawful origin of the Personal Data subject to the transfer, guaranteeing that it has been obtained in compliance with mentioned requirements.
- Any Personal Data being transferred to INLIFE BENEFITS is accurate and complete to the extent necessary for the purposes identified.

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- The Applicant will communicate to INLIFE BENEFITS (DPO inbox: [privacy@inlifebenefits.com.ph](mailto:privacy@inlifebenefits.com.ph)) rectifications or deletions of data, either belonging to the Applicant or to Data Subjects, as well as the exercise of rights of Data Subjects that might impact the Personal Data transferred, as soon as possible and always in compliance with applicable regulation.
- All Data Subjects have been duly informed, notified of and given consent to the purposes of the collection, use, disclosure and transfer of his/her Personal Data. The Applicant guarantees that it can prove to INLIFE BENEFITS that Data Subjects have given their consent to the processing of their Personal Data for the purposes described above.
- All Data Subjects have been informed about their rights in accordance with Data Privacy Act of 2012 and applicable regulations (including the right to rectify and the right to file a complaint to the National Privacy Commission). The Applicant will respond to inquiries from Data Subjects or from the National Privacy Commission regarding the processing of Personal Data by INLIFE BENEFITS as required by Data Privacy Act of 2012, including requests to access or correct Personal Data. INLIFE BENEFITS will promptly communicate and refer to the Applicant any inquiry and requests from Data Subjects relating to the Personal Data transferred by the Applicant, including requests to access or correct the Personal Data.
- It implements adequate organizational, physical, and technical measures to ensure the security of Personal Data during its transmission to INLIFE BENEFITS.

INLIFE BENEFITS is committed to becoming the life-time partner of the Applicant. Therefore, INLIFE BENEFITS 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 Applicants' 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 agree that the purchase, enrollment, maintenance, access or continued use of any INLIFE BENEFITS's product and services shall be deemed as your acceptance and agreement to be bound by the terms of this Privacy Consent Statement.

Name of the Company/Policy Owner: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Authorized Representative

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### Declaration and Agreement

By Signing this Agreement:

I understand that all the insurance benefits and principal terms and conditions contained in the formal proposal and in the subsequent amendatory communications relating thereto, if any, which we have finally accepted shall be fully embodied in the Group Master Policy applied for. Said Policy together with this application shall constitute the entire contract between the parties hereto.

During the effectivity 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 Customer Due Diligence measures have been successfully conducted; and
- b. in case the foregoing is unsuccessful, terminate business relationship. The exercise of INLIFE BENEFITS of this measure shall only entitle customer/client to receive the unused portion of premiums or withdrawal value, if any, whichever is applicable.

I hereby declare and confirm under the penalty of perjury that I am authorized to complete this document and that to the best of our knowledge and belief, the information and data given herein are true and correct.

#### Please submit General Documentary Requirement(s)

- a. Certificate of Registration issued by the Department of Trade and Industry, Securities and Exchange Commission, Bangko Sentral ng Pilipinas and AMLC (*for money changers/foreign exchange dealers and remittance agents only*);
- b. Articles of Incorporation/Partnership;
- c. Registration Data Sheet / Latest General Information Sheet including the dedicated page for "Beneficial Ownership Declaration";
- d. Secretary's Certificate for Authorized Signatory;
- e. For entities registered outside the Philippines, all documents must be authenticated by the Philippine Consulate.

\_\_\_\_\_  
SIGNATURE OF OWNER/AUTHORIZED  
REPRESENTATIVE

PRINTED NAME	
POSITION	
DATE	

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF  
WITNESS

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