

INDIVIDUAL APPLICATION FORM

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.

PERSONAL INFORMATION							
Last Name	First Name	Middle Name	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up ____)				
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	Height	Weight	
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Nationality	Citizenship		Civil Status				
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Source of Fund/s			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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEPENDENTS INFORMATION			
Spouse's Name (for legally married)	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up ____)	Date of Birth	Age
_____	_____	_____	_____
Children's Name (for biological & legally adopted children from eldest to youngest)	Date of Birth Age		
1. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up ____)	_____	_____
2. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up ____)	_____	_____
3. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up ____)	_____	_____

"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.

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Sibling's Name (for single members only, from eldest to youngest)

Date of Birth

1. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____
2. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____
3. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____

Parent's Name (for single members only)

Date of Birth

Age

1. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____
2. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____

Extended Dependents

Date of Birth

Age

1. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____
2. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____
3. _____	<input type="checkbox"/> New (1 st - 2 nd cycle) <input type="checkbox"/> Old (3 rd cycle & up _____)	_____	_____

Payment Information of the Applicant [FILL OUT ONLY IF APPLICABLE]

Account details

Bank/Branch Name _____	Bank Account Number owned by the Applicant (Insert zeros in blank cells if need be)
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OR

Card

Visa MasterCard

Cardholder's name

Card number

Expiry date

__ / __

Issuing Bank Name:

The Applicant / Account Holder authorizes INLIFE BENEFITS 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 INLIFE BENEFITS in respect of the Life Insurance Policy.

The Applicant / Account Holder understands and agrees that:

- The premium payment in respect of the Life Insurance Policy with INLIFE BENEFITS will be charged to the given bank account / card account.
- INLIFE BENEFITS 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.
- 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.
- To inform INLIFE BENEFITS, in writing, if the nominated bank account / card is cancelled, substituted, or not renewed and to make alternate arrangement to pay premium to INLIFE BENEFITS 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.

The Applicant / Account Holder can change, cancel, defer, or suspend the details of the *Payment Information* by providing written notice to INLIFE BENEFITS (customer@inlifebenefits.com.ph) at least 14 days before the next drawing date to allow the proper processing of given instructions.

If a debit is unsuccessful, for example, due to the lack of funds or for any other reason, INLIFE BENEFITS will cancel the payment in respect of the dishonored debit. In some instances (e.g., insufficient funds in the given bank account / card account), INLIFE BENEFITS may notify and attempt a second deduction. The Applicant / Account Holder must ensure that the bank account / card account has sufficient funds before any second deduction. If two consecutive dishonors occur, the authority may be cancelled and INLIFE BENEFITS may charge the corresponding fee. The financial institution may also charge fees relating to the dishonor to the account, which will remain the Applicant / Account Holder's responsibility.

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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 InLife Benefits Insurance Company, Inc. 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.

Privacy Provisions and Consent

InLife Benefits Insurance Company, Inc., 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 INLIFE BENEFITS collect, and for what purposes?

INLIFE BENEFITS 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 INLIFE BENEFITS 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 InLife Benefits' products and services you might be interested in, including marketing or promotional information on InLife Benefits' 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 INLIFE BENEFITS 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 INLIFE BENEFITS needs to be accurate and complete to the extent necessary for the purposes identified. Thus, to ensure that INLIFE BENEFITS can be always available and guarantee a seamless customer experience, kindly communicate any rectification or deletion of personal data to INLIFE BENEFITS' Data Protection Officer at privacy@inlifebenefits.com.ph. We count on your collaboration.

The types of Personal Data that INLIFE BENEFITS 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.

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With whom does INLIFE BENEFITS share your personal data?

As a general rule, INLIFE BENEFITS 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 INLIFE BENEFITS products and services; other companies within Insular Life Assurance Company, Ltd.; 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 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. 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 INLIFE BENEFITS retain your 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.

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 INLIFE BENEFITS 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 INLIFE BENEFITS manages your personal data, please contact InLife Benefits' Data Protection Officer at: privacy@inlifebenefits.com.ph.

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: <https://www.inlifebenefits.com.ph/privacy-policy/>

Your consent

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 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 InLife Benefits' Data Protection Officer at privacy@inlifebenefits.com.ph. 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 InLife Benefits' DPO.

SIGNED AT _____ ON _____

SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME OF WITNESS
PROPOSED INSURED / DEBTOR

SIGNATURE
OF

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