

4. ANSWER IF FEMALE:			
a. Have you ever had any unusual bleeding or abnormality in menstruation, pregnancy or childbirth?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are you now pregnant? If so, how many months?	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby declare and agree that all statements and answers contained herein and in any addendum annexed to this form, as well as those made to the Medical Examiner (if applicable) contained in a written instrument signed by me and made part of this form, are full, complete and true and that this form shall be part of my application to purchase additional insurance as stated above.

I agree and authorize the Company to collect, record, organize, store, update or modify, retrieve, consult, use, consolidate, block, erase, destroy, transfer, and disclose any information (collected or held) to its affiliated companies (including but not limited to any of its subsidiaries/affiliates in the Asia Pacific Region), financial advisor, accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign, with regard to matters or information pertaining to myself and this application or any updates thereof, for any legitimate business purpose, including but not limited to, cross-selling, promote/conduct marketing and direct marketing activities, to provide advice or information covering products or services which the Company believes may be of interest to me, to effectively administer my policy/account, enhance customer services, or to communicate with me for any purpose. This authorization remains valid and subsisting until such time that I have informed in writing the Company of such revocation/cancellation.

I further agree that the insurance coverage under this application is based on the truth of the foregoing declarations and representations and is subject to the provisions of the Group Life Insurance issued by THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY to

(Company/Group)

IN CASE OF A MINOR DEPENDENT, I SIGN THIS CERTIFICATE
IN MY BEHALF AS PARENT AND IN BEHALF OF THE MINOR DEPENDENT

Date	Signature of Dependent /Spouse	Signature of Employee/Member

HOME OFFICE UNDERWRITING ANALYSIS

INDEX SEARCH

IMPORTANT NOTICE: The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMeD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70, and email address pubassist@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph