

I certify to the truth and correctness of the following information I am providing Philam Life, in my capacity as the authorized representative of my company and to support the claim for life insurance benefit.

**1 Details Regarding Deceased Employee / Member**

- 1.1 Full Name \_\_\_\_\_
- 1.2 Job Position last occupied \_\_\_\_\_
- 1.3 Date of Birth \_\_\_\_\_
- 1.4 Civil Status \_\_\_\_\_

**2 Employment Data**

- 2.1 Date of regular employment \_\_\_\_\_
- 2.2 Date of first premium remittance for member \_\_\_\_\_
- 2.3 Date last officially reported to work \_\_\_\_\_
- 2.4 Reason he ceased working \_\_\_\_\_
- 2.5 Last premium remittance for member  
covers the period \_\_\_\_\_ to \_\_\_\_\_

**3 Details Regarding Death**

- 3.1 Date of Death \_\_\_\_\_
- 3.2 Cause \_\_\_\_\_
- 3.3 Place \_\_\_\_\_
- 3.4 Age \_\_\_\_\_

**4 Coverage Data**

- 4.1 Amount of Claim \_\_\_\_\_
- 4.2 Insurance is payable to \_\_\_\_\_

(Based on the enrollment card filled up by the member, if there is no record, state "no record of beneficiary designation")

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Certified by:

\_\_\_\_\_  
Name of Assured / Employer

\_\_\_\_\_  
Signature over Printed Name / Position

\_\_\_\_\_  
Address & Telephone No