

3rd Floor Morning Star Center,
347 Sen. Gil Puyat Avenue, Makati City
Tel. No. 890-1758* Fax No. 895-8524

INDIVIDUAL APPLICATION FOR GROUP CREDITORS LIFE INSURANCE

PRINTED NAME OF INSURED (Type or Print Legibly)

NAME : _____
DATE OF BIRTH : _____
OCCUPATION : _____
ADDRESS : _____

CIVIL STATUS: _____
SEX : _____
HEIGHT : _____
WEIGHT : _____

BENEFICIARY	AGE	RELATIONSHIP

INSURANCE HEALTH DECLARATION :

I hereby represent and declare to the best of my knowledge that :

1. I am now over 18 years but have not attained the age of 65.
2. I have not suffered from or have been afflicted with any of the following: cerebral hemorrhage, heart disease, high blood pressure, tuberculosis, kidney disease, cancer and diabetes. Neither have I consulted any physician regarding any of the above-mentioned diseases or any disease, injury, impairment not mentioned above nor undergone any operation or hospitalization.
3. I have never been declined, accepted substandard, postponed nor offered a policy different from that applied for.
4. 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.

EXCEPTIONS : (STATE IN FULL DETAILS)

I hereby declare that all the foregoing answers and statements are complete, 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 within one (1) year from the Effective Date of insurance, shall have the right to declare such insurance null and void. I hereby further agree that the insurance issuing on this application is subject to the provisions of the Group Creditors Life Insurance Master Policy issued by AsianLife & General Assurance Corp. to the Creditor.

Signed at _____ this _____ day of _____ 19 _____

SIGNATURE OF BORROWER

FOR CREDITOR'S USE ONLY

Group Name : _____
Amount of Loan : _____
Term of Loan : _____
Monthly Amortization : _____
Premium : _____

FOR ALGA USE ONLY

Date Received : _____
Received by : _____
REMARKS : _____
 Std. Amount : _____
 Sub-Std. Amount : _____
 Std. Premium : _____
 Sub-Std. Premium : _____
 Others : _____