

Policyholder
Group Policy Number
Amount of Loan Approved
Term of Loan
Date of Release
Maturity Date
Premium Due

Individual Application for Group Loan Redemption Insurance Coverage
1 General Information

Name of Borrower (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residence Address (no., street, municipality)			
Province	Nationality	Age	TIN
Date of Birth	Tel. No.	Occupation/Specific Job	Source of Income
Employer's Name & Address			

2 Beneficiary

Name	Relationship to PI	Birthday	Age
Trustee if any beneficiary is under 18 years of age:	Relationship of Trustee to Minor Beneficiary:		

In the event of a claim, Beneficial Life Insurance Company, Inc. **shall pay to the Policyholder the proceeds** under the Policy which shall not exceed the loan balance at the time of the death of the Insured Debtor. The excess from the proceeds, if any, shall be paid to the designated beneficiary/ies, and in the absence of the latter, shall be paid in accordance with the group policy contract.

2 Declaration and Representations

I hereby warrant and declare, to the best of my knowledge, that on the date of release of my loan, I am in good health and physically able to perform the usual activities in the pursuit of my livelihood, and that:

- Within the last two (2) years, I have not made any application for insurance which has been declined, postponed, withdrawn or accepted on a basis other than applied for, EXCEPT _____
- I have not had any symptoms or sought advice for, or have been treated for high blood pressure, stroke, heart trouble diabetes cancer or tumour, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these conditions been recommended by a physician or other practitioner, EXCEPT _____
- Within the last five (5) years, I have not been admitted or been advised to be admitted as an in-patient to a hospital or clinic, EXCEPT for _____
- I don't have any health symptoms or complains for which a physician has been consulted or treatment has been received, i.e. persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc., EXCEPT _____
- Please enumerate any disease or consultation being done if any. _____
- Are you pregnant? If so, how many months? (female applicant only) _____

3 Signatures

By signing this form and continuing to avail of BenLife's products and services, I hereby:

- Certify that the above statements are true and complete and that all exceptions have been stated. I have not withheld any relevant information which might have otherwise affected the acceptance of my proposal. I understand and agree that the insurance applied for will become effective only upon acceptance by BenLife and the initial premium being fully paid by me. Any material falsity or misrepresentation in the foregoing, upon discovery thereof within one (1) year from the effectivity date of the insurance policy shall entitle BenLife to declare such policy null and void from the beginning.
- Authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any of my health record, to give BenLife or its legal representative, any and such all information; and agree that a photocopy of this Authorization shall be effective and valid as original.
- Agree that these information (personal and sensitive) can be processed, shared, disclosed, transferred or used by BenLife including its shareholders, directors and employees, its affiliates and subsidiaries, advisors, representatives, external auditors, and its third party service providers within the rules set by the Data Privacy Act of 2012, as may be amended from time to time to, and relevant regulations, to communicate with me on BenLife's products and services; conduct data analytics, profiling and automate data processing; comply with regulatory requirements, legal and contractual obligations of BenLife; and for other reasonable purposes related to the services provided or improvement/upgrade in systems and business processes.

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 No. 2016-54 may be accessed at the following link: www.insurance.gov.ph.

Printed Name	Date Signed
Your Signature	Name of Witness
Place of Signing	Witness Signature

For Benlife Use Only

Remarks: _____
 Class Rating: _____
 Sub-standard Rating: _____
 Others: _____

THIS PORTION IS SUNTRUST FORM

- We wish to inform you of certain details with regards to your MRI application. Please be guided accordingly;
- The MRI is part of the requirements in Reservation.
 - Your signed MRI application is still subject for approval by our insurance provider, SUNTRUST will inform you on the status of your MRI application, whether it's approved, declined or subject for submission of medical requirements.
 - Should there be any compliance, you have to submit the required documents for the approval of your MRI application.
 - Your MRI effectivity will start on the approval of your application and the MRI remittance will start on the 1st Downpayment.
 - One (1) year coverage will be shouldered by SPI based on the standard rate for HORIZONTAL PROJECTS. If there's any additional/extra rate, it will be collected from the buyer. After one (1) year, buyers are already liable to pay for separate MRI.
 - For VERTICAL PROJECTS, MRI is to be paid separately with the monthly downpayment/monthly amortization.
 - Buyer needs to continue paying MRI until the account is fully paid or take-out by the bank.
 - Three (3) months non-payment of MRI will result to re-application.

By signing below, I hereby acknowledge that I have completely read and understood the above guidelines in applying MRI with BENLIFE.

CONFORME:

Buyer: _____
 Signature over Printed Name

Witness:

Suntrust Agent: _____
 Signature over Printed Name