

SAMPLE CORPORATE ENROLLMENT TEMPLATE*

(*Please request the excel file from a Pacific Cross representative. This will be used only if application form is waived)

EMPLOYEES														
Last Name	First Name	M.I.	Gender	Civil Status	Birth Date	Effective Date	Occupation / Employee Grade	R&B / Plan	MBL	PhilHealth (Y/N)	Address	Email	Mobile No.	Home Tel. No.

DEPENDENTS														
Last Name	First Name	M.I.	Gender	Civil Status	Birth Date	Relationship	Principal	R&B / Plan	MBL	PhilHealth (Y/N)	Address	Email	Mobile No.	Home Tel. No.

LEGEND:

1	Last Name	
2	First Name	
3	M.I.	Middle initial
4	Gender	M - male, F - female
5	Civil Status	S -single, M - married, D- divorced, W- widow
6	Birth Date	mm/dd/yyyy
7	Effective Date	mm/dd/yyyy
8	Occupation / Emp. Grade	Exec. / Mgr. / Sup / R&F or as defined in the company
9	R&B / Plan	Suite, Private, Semi-Private, Ward

10	PhilHealth	Y - if with PhilHealth; N - if NonPhilHealth
11	MBL	Maximum Benefit Limit
12	Address	No. and St., Town, City, Zip Code
13	Email	Email address
14	Relationship	Applicant, Spouse, Child, Sibling, Parent, Others
15	Principal	Name of the principal payor of the dependent
16	Mobile No.	9xx-xxxxxxx
17	Home Tel. No.	0xx-xxxxxxx

I hereby certify that the above information given are true and correct. In case any of the above information is found to be false or misrepresenting, Pacific Cross has the right to immediately terminate the Agreement.

PREPARED BY:

SIGNATURE OVER PRINTED NAME
AUTHORIZED REPRESENTATIVE