

APPLICATION FORM



AVAILMENT DATE: _____

CARD NUMBER: _____ Signature: _____

FULL NAME: _____

Surname

Given Name

Middle Name

BIRTHDAY: _____ AGE: _____

MOBILE No.: _____

EMAIL ADD.: _____

COMPLETE HOME ADDRESS: _____

BENEFICIARY/RELATION/BDAY: _____

BPIA STAFF/SALES OFFICER: _____

■ **Standard**
Prime

■ Plan A

■ Plan B

■ Plan C

Student

■ Plan A

■ Plan B

■ Plan C

■ Plan D

■ **Gold**

Effective Date Clause: This insurance coverage is effective 12:00 Noon following date of issuance and card activation as stated in the program coverage information. The coverage is subject to the terms, conditions, and limitations in the policy documents. Claims are governed by these terms. The coverage is valid until the expiration date specified in the coverage information, unless renewed. The insured must provide accurate information, as failure to do so may result in denial of coverage. The policy is non-transferable and can be cancelled by the insurer with written notice. Any disputes are subject to the laws of the issuing jurisdiction.

Data Privacy Clause: Bewiser-Ph Insurance Agency is committed to protecting your privacy and ensuring the confidentiality of your personal information. By signing this insurance application form, you acknowledge that BPIA may collect, use, and disclose your personal information to our insurance providers for the purposes which are relevant and necessary in processing your insurance application, providing insurance products and services, securing an insurance contract, and complying with legal and regulatory requirements. BPIA will protect your personal information from unauthorized access, use, disclosure, alteration, or destruction and will retain it only for as long as necessary. You have the right to access and correct your personal information held by BPIA. If you do not agree with any part of this data privacy clause, please do not sign this form. For more information, please contact us at 0920 926 7303 / 0962 949 4336 / 02 8248 4747 / support@bewiserphilippines.com / claims@bewiserphilippines.com.

APPLICATION FORM



AVAILMENT DATE: _____

CARD NUMBER: _____ Signature: _____

FULL NAME: _____

Surname

Given Name

Middle Name

BIRTHDAY: _____ AGE: _____

MOBILE No.: _____

EMAIL ADD.: _____

COMPLETE HOME ADDRESS: _____

BENEFICIARY/RELATION/BDAY: _____

BPIA STAFF/SALES OFFICER: _____

■ **Standard**
Prime

■ Plan A

■ Plan B

■ Plan C

Student

■ Plan A

■ Plan B

■ Plan C

■ Plan D

■ **Gold**

Effective Date Clause: This insurance coverage is effective 12:00 Noon following date of issuance and card activation as stated in the program coverage information. The coverage is subject to the terms, conditions, and limitations in the policy documents. Claims are governed by these terms. The coverage is valid until the expiration date specified in the coverage information, unless renewed. The insured must provide accurate information, as failure to do so may result in denial of coverage. The policy is non-transferable and can be cancelled by the insurer with written notice. Any disputes are subject to the laws of the issuing jurisdiction.

Data Privacy Clause: Bewiser-Ph Insurance Agency is committed to protecting your privacy and ensuring the confidentiality of your personal information. By signing this insurance application form, you acknowledge that BPIA may collect, use, and disclose your personal information to our insurance providers for the purposes which are relevant and necessary in processing your insurance application, providing insurance products and services, securing an insurance contract, and complying with legal and regulatory requirements. BPIA will protect your personal information from unauthorized access, use, disclosure, alteration, or destruction and will retain it only for as long as necessary. You have the right to access and correct your personal information held by BPIA. If you do not agree with any part of this data privacy clause, please do not sign this form. For more information, please contact us at 0920 926 7303 / 0962 949 4336 / 02 8248 4747 / support@bewiserphilippines.com / claims@bewiserphilippines.com.