



APPLICATION FOR CREDIT GROUP LIFE INSURANCE

(NAME OF POLICYHOLDER/CREDITOR)

GROUP POLICY NO. _____

Amount of Loan Granted P _____
Term of Loan _____
Effective Date _____
Expiry Date _____
Premium Due _____

LIFE TO BE INSURED

INSURED'S NAME: FIRST		MIDDLE		FAMILY		SUFFIX			
OTHER NAMES/ALIAS (AKA)									
NATIONALITY		SEX	CIVIL STATUS	DATE OF BIRTH		AGE	PLACE OF BIRTH		
TIN			GSIS / SSS / UMID			HEIGHT		WEIGHT	
PRESENT ADDRESS				PERMANENT ADDRESS					
TELEPHONE NO./MOBILE NO.				EMAIL ADDRESS					
NATURE OF WORK OR NATURE OF SELF EMPLOYMENT/ BUSINESS, IF APPLICABLE				COMPANY ADDRESS					
NAME OF EMPLOYER				SOURCE OF INCOME					
COMPANY TEL. NO. / COMPANY FAX NO.				COMPANY E-MAIL ADDRESS					

BENEFICIARY(IES)

1. Designate your immediate family as beneficiary

2. If beneficiaries are designated as IRREVOCABLE, their consent is required before any policy transaction will be processed (e.g. policy loan, surrender, change of beneficiary, etc)

3. If MINOR beneficiaries are designated as IRREVOCABLE, they should be presented by a guardian before any policy transaction will be processed. Guardianship requirements specified by Philippine laws protecting minors will be applicable.

4. Payment of insurance benefits to a MINOR beneficiary shall be subject to guardianship requirements specified by Philippine laws protecting minors at the time of payout.

5. In the absence of designated beneficiary, benefits will be given to anyone of the surviving beneficiaries at this order preference: the Insured's (a) legal spouse; (b) surviving children; (c) surviving parents; (d) surviving siblings.

NAME	DATE OF BIRTH	RELATIONSHIP	DESIGNATION		SIGNATURE OF IRREVOCABLE BENEFICIARY
			REVOCABLE	IRREVOCABLE	
1.					
2.					
3.					

HEALTH DECLARATION

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

1. I am in good health and entirely free from any mental or physical impairments or deformities.

2. I have not suffered or do now suffered from: a) disease of the circulatory system (e.g. heart trouble, rheumatic fever, high blood pressure, disease of the arteries and veins); b) disease of respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia); c)disease of the genito-urinary system (e.g. infectious of the kidneys urinary or genital organs, renal stones, venereal disease); d) disease of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the gall bladder); e) diseases of the nervous system or mental disorders (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown); f) diabetes, cancer or any disease of the blood, glands, spleen, ears, eyes, or skin); g) unexpected night sweat and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections, swollen glands); h) any other diseases or ailments not mention above.

3. I never had or been advised to hospital treatment or surgery.

4. I never had or been advised to a have a blood test for AIDS or an AIDS-related condition or have ever been refused as a blood donor.

5. I have not consulted a physician for any reason, including routine examinations and blood tests, or have received blood transfusion within the past five (5) years.

6. I have not received or now receive disability benefit.

7. I have not applied for insurance which was declined, postponed or modified in plan or rate for any life or disability insurance.

EXCEPTIONS TO THE ABOVE

The foregoing statement and answers are full, complete and true, I agree that they shall be the basis of the issuance of insurance for me under the Group Policy and the FORTUNE LIFE INSURANCE CO., INC. shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for insurance and withheld or concealed in the above statements.

*In as much as I cannot read, write or understand the language, before I affix my thumb marks (duly witnesses) to this application, it has been read and translated to me by the Creditor's authorized officer or representative.

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 the law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph

During the effectivity of the contract/policy, the customer/client agrees to the following:

1. In case the company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

a. Measures to restrict the services available or prohibit any further transactions; on the contract/policy until full and proper CDD measures have been successfully conducted; and

b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

2. Be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

AUTHORIZATION TO FURNISH MEDICAL/OTHER RELATED INFORMATION

I/We hereby authorize any physician, hospital, clinic, insurance company or other organization of entity, institution or person that has any records or knowledge of me/us, to give Fortune Life or its representative any information with reference to health, hospitalization, consultation, advice, examination, treatment, disease or ailment.

Also, as part of the underwriting procedure, I hereby authorize Fortune Life to obtain as investigative report from a duly authorized inspection agency witch will provide any applicable information concerning my character, general reputation, personal characteristics, mode of living, health and financial status through personal interviews with friends, neighbors and associates.

A photo static copy of this authorization shall be as effective as the original.

Signed at _____ this _____ day of _____, 20 _____

Witnessed and issued by:

Creditor's Authorized Officer

Signature of Applicant / Insured

If Unable to write or with aliases, affix thumbmark.

Right Thumbmark

FLIC COPY

Application Form_GCLI

IMPORTANT NOTICE

The Insurance Commission of the Philippines, with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all laws relating to insurance and has supervision over insurance companies. It is ready at all times to render assistance in settling any controversy between an insurance company and a policyholder relating to insurance matters.

DESCRIPTION OF POLICY PROVISIONS

DEBTOR – shall mean any eligible debtor of the Creditor who is insured for insurance benefits provided under the Group Policy. Any pronoun used in the Group Policy shall apply to either gender.

GRACE PERIOD – If the Creditor has not previously given written notice to the Company that the Policy is to be cancelled, a grace period of thirty-one (31) days, without interest charge shall be granted to the Creditor for the payment of all premiums after the initial premium during which period the Policy shall continue in force. If the Creditor fails to pay any premium within the grace period, the Policy shall be cancelled on the expiration of the last day of such grace period but the Creditor shall, nevertheless, be liable to the Company for the payment of all premiums then due and unpaid. If, however, written notice is given by the Creditor to the Company, during the grace period that Policy is to be cancelled, then the Creditor shall be liable to the Company for the payment of the pro-rata premium for the period commencing with the expiration of the last due date and ending with the date of receipt of such written notice by the company.

INCONTESTABILITY – The validity of this policy shall not be contested, except for nonpayment of premiums by the Creditor, after it has been in force for one year from its date of issue; and no statement made by any debtor insured under the policy relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of one year during such debtor's lifetime nor unless it is contained in a written instrument signed by him..

INSURANCE LOAN BALANCE – The insurance loan balance is the total loan balance of Debtors owing to the Creditors up to a maximum amount as provided in the Policy for each Debtor and for which a premium has been paid or is payable during the time that contract is in effect excluding:

- 1) All loan balances of other than natural persons;
- 2) All loan balances owing by any Debtor whose age is 65 years or over;
- 3) All loan balances of Debtors who do not meet the physical requirements as hereinafter defined;
- 4) The excess over the maximum individual coverage provided by the Contract;
- 5) All loan balances of Debtors which are in arrears in their payment as to principal and interest for more than two (2) years from the date an amortization of payments become due.

MISSTATEMENT OF AGE – If the age of any insured debtor has been misstated, there shall be an equitable adjustment of the premium. If the amount of insurance for the debtor, in accordance with the terms of the policy, would be affected by such misstatement of age, the amount of insurance shall be adjusted to that to which the debtor would have been entitled at his correct age and the adjustment in premium shall be based on such adjusted amount of insurance. However, if according to the correct age of the insured debtor he is not eligible for insurance under this policy, the liability of the Company shall be limited to refund of all premiums paid.

PAYMENT OF BENEFITS – The Creditor shall be the sole and irrevocable beneficiary of each Debtor up to the extent of the unpaid indebtedness of the Debtor to the Creditor at the time of the Debtor's death. Any amount in excess of such unpaid indebtedness shall be payable to the Debtor's designated beneficiaries. If there are no beneficiaries designated at the time of the Debtor's death, or if the designated beneficiaries did not survive the Debtor, the beneficiary shall be the first surviving class of the following classes of beneficiaries in successive preference: (a) widow or widower, (b) child(ren), (c) parents, (d) brothers and sisters, otherwise, the Debtor's estate.

SUICIDE – In case of suicide by the debtor within one (1) year from the date of effectivity or last reinstatement of his insurance, the pertinent provisions of the Insurance Code, as amended as of the date of effectivity or last reinstatement of his insurance shall apply. Where suicide is not compensable, the liability of the Company will be limited to the return of premiums.

NOTICE OF DEATH CLAIM – Written Notice of Claim must be submitted to the Company at its Head Office, or at any of its authorized offices within thirty (30) days from the date of the Debtor's death. The Company upon receipt of notice of Claim must then provide the claimant with the necessary form for filing Proof of Claim. All Proofs of Claim must be received by the Company within ninety (90) days after the date that the forms are provided. Failure to submit the written Notice and Proof of Claim within the time limits shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and proof.

In considering a claim under the Group Policy, the Company shall have the right to require due proof of valid claim according to the terms of the Group Policy and to request for an autopsy if not prohibited by law.

CURRENCY – All amounts of money in the Policy are in the legal currency of the Republic of the Philippines.

The provision of Article 1250 of the Civil Code of the Philippines (RA No. 386) which reads:

"In case of extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment."

It is understood not to apply in determining the extent of any liability of the Company in the Policy.

AVAILABILITY OF MASTER POLICY – The Master Policy should be kept in the main premises of and in the custody of an officer of the Creditor and must be available to Insured Debtor for inspection during the Creditor's regular office hours.

FORTUNE LIFE INSURANCE CO., INC.


D. ARNOLD A. CABANGON
President

THIS APPLICATION DESCRIBES ONLY THE MORE IMPORTANT FEATURES OF YOUR GROUP INSURANCE COVERAGE. THE COMPLETE TERMS AND CONDITIONS ARE CONTAINED IN THE GROUP POLICY ISSUED BY THE COMPANY OF THE POLICYHOLDER.