Generali Life Assurance Philippines, Inc.
10th Floor, Petron Mega Plaza
Sen. Gil J. Puyat Ave., Makati City
1227 Philippines
T +632 888 0808
F +632 868 3388
www.generali.com

APPLICATION FOR CREDITORS GROUP LIFE INSURANCE

GENERAL INFORMATION

Last Name	First Name			Middle Name	
Address					
Contact Details: Home	Office	Cell Phone		Fax	
Date of Birth (MM/DD/YYYY)	Place of Birth	Age	Sex	Height	Weight
Nationality		Occupation			
Name of Employer		Place of Work			
Loan Amount		Loan Term			

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP

	Y	N	Details of "yes" answers (Use separate sheet if needed)
1. Any weight change (lost/gained) of more than 5 lbs. during the last 5 months? If so, by how many pounds and why?	☐	☐	
2. Have you ever suffered from or sought medical treatment for:	☐	☐	
a. epilepsy, fainting attacks or any disorder of mental or nervous system?	☐	☐	
b. asthma, bronchitis or any lung problem?	☐	☐	
c. chest pain, stroke or any heart disorder?	☐	☐	
d. indigestion, ulcer, chronic or recurrent diarrhea, or any other disorder of the digestive system?	☐	☐	
e. diabetes or any disorder of the kidney, liver or urinary system?	☐	☐	
f. rheumatic fever, arthritis, gout or any joint or bone disorder?	☐	☐	
g. cancer, tumor, enlarged gland or blood disorder?	☐	☐	
h. unexplained recurrent or persistent fever, weight loss or any skin disorder?	☐	☐	
i. any sexually-transmitted disease (such as syphilis or gonorrhea) or viral disease (e.g. hepatitis B or AIDS)?	☐	☐	
j. any other illness, injury, disability not mentioned above?	☐	☐	
3. Have you ever been diagnosed as suffering from hypertension?	☐	☐	
4. Have you ever been prescribed drugs for this condition?	☐	☐	
5. Have you ever been confined in nursing homes, sanitariums, hospitals for illness, surgical operations, or invasive procedures different from appendectomy, tonsillectomy, adenoidectomy, herniectomy, hemorrhoidectomy, cholecystectomy, child delivery, made within the last 5 years?	☐	☐	
6. Have you ever undergone laboratory test or other diagnostic examinations which revealed abnormal results?	☐	☐	
7. Any hospital confinement or surgical procedure being contemplated?	☐	☐	

8. Have you ever received treatment with any blood products or undergone blood transfusion?	☐	☐	_____
9. Any other disease or complaint not mentioned above?	☐	☐	_____
10. Except as prescribed by a physician, have you ever used shabu, cocaine, heroin, marijuana or other narcotics?	☐	☐	_____
11. Do you smoke or have you ever smoked more than 10 cigarettes per day?	☐	☐	_____
12. Do you take or have you ever taken more than six units of alcohol per day (1 unit = 1/2 pint beer/ lager, 1 standard glass of wine, 1 pub measure of spirit)?	☐	☐	_____
13. Have you ever been advised by a physician to stop smoking or drinking alcohol or to drink in moderation?	☐	☐	_____
14. Are you currently taking medications, or are you under medical care of any kind?	☐	☐	_____
15. For females:			
Are you pregnant?	☐	☐	_____
Any complications with pregnancy?	☐	☐	_____
16. Do you have any other application for or reinstatement of life insurance pending? If yes, give details.	☐	☐	_____

With GLAPI P _____

With other companies P _____

I, the proposed life insured debtor, declare that to the best of my knowledge and belief the above answers and statements are true, complete and correctly recorded; and agree that, this application, if approved, with the answers given in any other declaration which may be required by Generali Life Assurance Philippines, Inc. and which relates to the insurability of the proposed life insured debtor or to change of this policy coverage, shall be the basis for delivery, change or reinstatement of insurance coverage.

I agree that:

1. Generali Life Assurance Philippines, Inc. shall incur no liability by reason of this application or by any reason of any cash paid or settlement made in connection therewith, until this application has been approved by GLAPI during the lifetime of the proposed life insured debtor in good health with no change having taken place in the insurability of the proposed life insured debtor subsequent to the date of this application;
2. All materials facts, being facts which might influence the assessment of this Application, have been truthfully, completely and correctly disclosed in this Application and/or any other, declaration which may be required by GLAPI, it being understood that failure to make such disclosure renders the contract void;
3. If, on the basis of this application and/or any other declaration which may be required by GLAPI, the policy coverage is changed so as to result in an increase in the amount at risk, death by suicide within a period specified in the Suicide Provisions of the policy, is a risk not assumed under the changed policy coverage in respect of any increase in the amount at risk;
4. The validity of insurance on any proposed life insured debtor shall not be contested, except for non-payment of premiums, after his insurance has been in force for one year during his lifetime; and;
5. GLAPI reserves the right to deny claims on the basis of gross fraud or valid grounds recognized under the laws and settled jurisprudence in case of death in any year.

SIGNED AT _____ ON _____

SIGNATURE OVER PRINTED NAME OF WITNESS

SIGNATURE OVER PRINTED NAME OF PROPOSED LIFE INSURED DEBTOR

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DEBTOR

Last Name	First Name				Middle Name
Address					
Contact Details: Home	Office	Cell Phone			Fax
Date of Birth (MM/DD/YYYY)	Place of Birth		Age	Sex	Height / Weight
Nationality		Occupation			
Name of Employer		Place of Work			
Loan Amount		Loan Term			

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP

I, the above-named debtor, agree that Generali Life Assurance Philippines, Inc. shall incur no liability by reason of this application or by any reason of any cash paid or settlement made in connection therewith, until this application has been approved by GLAPI while I am alive and actively at work or actively engaged in the exercise of my occupation.

SIGNED AT _____ ON _____

_____ _____

SIGNATURE OVER PRINTED NAME OF WITNESS

SIGNATURE OVER PRINTED NAME OF DEBTOR