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GENERALI

APPLICATION FOR GROUP TERM LIFE AND HOSPITALIZATION INSURANCE

Last Name	First Name	Middle Name	
Date of Birth (MM/DD/YYYY)	Place of Birth	Civil Status	Sex
Employer/Association/Union		Job Title	
Date of Employment/Membership		Date of Permanent Appointment	

FOR HOME OFFICE USE ONLY

Policy No.
Certificate No.
Effective Date

☐ Employee
☐ Employee and Dependents

FOR GROUP LIFE INSURANCE

Name of Beneficiary	Date of Birth	Relationship

FOR POLICY WITH DEPENDENT'S COVERAGE

Name of Dependents	Date of Birth	Relationship

I HEREBY CERTIFY that the personal data contained herein are true and correct.

APPLICANT'S SIGNATURE

DATE SIGNED