

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 GROUP PERSONAL ACCIDENT INSURANCE

Last Name		First Name		Middle Name	
Address			Contact Nos.		
Date of Birth (MM/DD/YYYY)		Place of Birth			
Civil Status		Sex		Nationality	
Employer/Association/Union			Job Title		
Nature of Duties					
Date of Employment/Membership			Date of Permanent Appointment		

FOR HOME OFFICE USE ONLY

Policy No.
Certificate No.
Effective Date
Others

NAME OF BENEFICIARY

DATE OF BIRTH

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

APPLICANT'S SIGNATURE

DATE SIGNED