



CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines
Telephone/Fax Nos.: (08822) 738738; (088) 8561355 Email: head_office@climbs.coop

INDIVIDUAL APPLICATION FOR GROUP INSURANCE

Group Yearly Renewable Term - GYRT

Name of Coop / Organization _____ Application No. _____
Plan _____
Group Type _____ Option/Basic Coverage Amount _____
(Cooperative, Association, Lending, Professionals, Security Guards, etc.)

Last Name:		First Name:		Middle Name:	
Date of Birth (mm/dd/yyyy):	Age:	Place of Birth	Gender [] Male [] Female	Civil Status [] Single [] Married [] Widow [] Separated	
Employment Type: [] Private [] Government [] Retirement [] Self-employed [] Others _____				Occupation: (Present Job)	
Employer Name:			Type of Services/Business:		
Employer Business Address:			Nature of Work/Employment:		
Coop Membership: [1]		[2]		[3]	
Nationality	Religion:	Height:	Weight:	Blood Type:	SSS/GSIS No.
Present Address:					Contact No(s):
Permanent Address:					
Name of Spouse:		Date of Birth (mm/dd/yyyy)	Place of Birth	Age	SSS/GSIS
Designated Beneficiary:		Date of Birth/Age/Relationship			Contact No.
(Primary) 1. _____					
(Secondary) 2. _____					

HEALTH DECLARATION FORM

Please answer each of the following questions in full disclosure/utmost good faith. Check in the box provided for details. Provide particulars if available (such as existing clinical records).

- Are you aware of any health disorder or advice from doctor that you are suffering from any illness? [] YES [] NO
If YES, please specify _____
- Are you in good health and entirely free from any mental or physical impairment and/or deformities? [] YES [] NO
- Have you ever been received or receiving disability benefit? [] YES [] NO
If YES, please specify _____
- Have you ever been diagnosed of cancer? [] YES [] NO
- Have you ever been diagnosed of HIV or AIDS? [] YES [] NO
- Are you taking medication of any kind? If YES, for what? [] YES [] NO
- Please provide the name/address and the telephone number of your attending physician _____

I DECLARE, that the above answers are true and correct, and I agree that these shall be the basis of the issuance of Insurance for me under the Group Policy and that CLIMBS shall not be liable for any claims 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. I hereby authorize any physician, doctors, hospital, clinic, that has any knowledge of my medical records to disclose when requested to do so by CLIMBS. **I UNDERSTAND that disqualification from coverage will entitle me only to refund of premium.**

Signed at _____ this _____ day of _____ 20_____

Name & Signature of Authorized Officer

Name & Signature of Applicant Member

How did you hear about us? [] Coop [] Advertisement [] Facebook [] Family or friend [] Magazine/Newspaper story [] TV/News [] Website [] Others _____



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CONFIRMATION OF COVERAGE

CLIMBS Life and General Insurance Cooperative certifies that it has insured the following person/s:

Primary _____
Beneficiaries _____

In accordance with the provisions of Group Life Insurance Master Policy, the Company will pay to the insured or Beneficiary/ies of the insured the face amount of the benefits as found in the Schedule of Benefits up to the maximum amount in the Master Policy, promptly upon receipt of satisfactory proof of claims.

This certificate will in no way void any of the provisions of Group Yearly Renewable Term Life Master Policy.

Group Yearly Renewable Term

Issue Date _____
Name and Signature of Authorized officer _____

Fermin L. Gonzales
President and CEO

“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 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 law.

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

DATA PRIVACY DISCLAIMER

By signing herein, you, the policy owner/ insurance applicant/ proposed insured, expressly consent for the lawful collection, processing, use, sharing, storage, retention or destruction and for other lawful or legal purposes, of all personal data pertaining to you in line with your application for life insurance policy and the servicing requirements thereof, in accordance with Republic Act No.10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

First Life Financial Co., Inc. shall use this information with full regard to the provisions of the said law and its implementing rules and regulations, in connection with the necessary processes pertinent to the said insurance policy or application, or servicing thereof, and for other legitimate purpose or in compliance with government regulations, court orders, industry association, and in case authorized by law.

You shall hold the company free and harmless from any liability or expense that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of the said information for activities done by First Life in regards your insurance application and servicing thereof in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Signed at _____ this _____ day of _____ 20 _____

Name & Signature of Applicant Member

DESCRIPTION OF POLICY PROVISION

BENEFICIARY/IES. The Beneficiary/ies are the persons designated to receive the proceeds of this Policy upon the death of the debtor/borrower, unless otherwise changed and provided that they are not disqualified under the law.

CONTESTABILITY. An individual coverage of the insured debtor/borrower can be contested by the Company within one (1) year from the Effective Date of his/her coverage.

MISSTATEMENT OF AGE. In the event the age of a debtor/borrower has been incorrectly stated, the Company may adjust the premiums or benefits or both according to the correct age of the debtor/borrower. If the debtor/borrower is not eligible for coverage, the Company shall refund all premiums on behalf of the debtor/borrower.

NOTICE OF DEATH CLAIM. Written notice of death on which claim may be based must be given to CLIMBS Life and General Insurance Cooperative without unnecessary delay as soon as reasonably possible, setting forth the nature of cause of death, or, the extent and duration of the injuries sustained resulting to such death as certifies by a duly licensed physician as the case may be.

Such notice shall be given by or in behalf of the Creditor or Beneficiary, to CLIMBS Life and General Insurance Cooperative at its Office. All disputes arising in connection with this Policy shall be initially settled through alternative dispute resolution mechanism.

AVAILABILITY OF MASTER POLICY. This Master Policy should be kept in the main premises of and in the custody of an officer of the Policyholder and must be available to the members for inspection during the Policyholder’s regular office hours.

DISPUTE RESOLUTION. All disputes arising in connection with this Policy shall be initially settled through alternative dispute resolution mechanism.

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies and intermediaries. It is ready at all times to assist the general public in matters related to insurance. For any inquiries or complaints, you may approach the Public Assistance and Mediation Division (PAMD) at the Insurance Commission’s Head Office located at 1071 United Nations Ave., Ermita Manila with telephone numbers +632-5238461 to 70. The official website of the Insurance Commission is www.insurance.gov.ph

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THIS CONFIRMATION OF COVERAGE 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 TO THE POLICYHOLDER.