



**Insular  
Life**

The Insular Life Assurance Company, Ltd.  
Insular Life Corporate Centre, Insular Life Drive  
Filinvest Corporate City, Alabang, 1781 Muntinlupa City  
E-mail: headofc@insular.com.ph • Website: www.insularlife.com.ph  
Tel.: (632) 582-1818 • Fax: (632) 771-1717 • TIN 000-464-124 Non-VAT

## Application for Group Term Insurance

INSTRUCTIONS: This form should be submitted to the **Corporate Accounts Department** of The Insular Life Assurance Co., Ltd., 5/F Insular Life Building, 6781 Ayala Avenue, Makati City or 2/F Insular Life Cebu Business Center, Mindanao Avenue corner Biliran Road, Cebu Business Park, Cebu City.

<b>APPLICANT: (Print in full)</b>				Sex: <input type="checkbox"/> M <input type="checkbox"/> F		CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled	
(SURNAME)		(FIRST NAME, SUFFIX)		(MIDDLE NAME)		(For female applicant only)	
Nationality		SSS NO.		GSIS NO.		Mother's maiden surname: _____	
EMPLOYER/UNION/ASSOCIATION		Position		Date Hired/Membership		Date of Permanent Appointment	
BIRTHDATE: (mm/dd/yy)		PRESENT ADDRESS: No./Street: _____ Brgy/Town/Municipality: _____		PERMANENT ADDRESS: No./Street: _____ Brgy/Town/Municipality: _____			
BIRTHPLACE:		City/Province: _____		City/Province: _____			
RELIGION:		Telephone No.: _____ Email Address: _____ ZIP CODE: _____		Telephone No.: _____ Email Address: _____ ZIP CODE: _____			
NAME OF BENEFICIARIES (Surname, First Name, Middle Initial)			Tax Identification Number	Sex	Relationship to the Insured	Birthdate (mm/dd/yy)	Exact Amount/Percentage of Sharing (OPTIONAL)
I understand that in the absence of a designated beneficiary or if there is no surviving designated beneficiary at the time benefits will be paid out, Insular Life will pay to the following classes of beneficiaries, in this order of preference: widow or widower, surviving legitimate, legitimated, legally adopted and recognized natural children; surviving illegitimate children without distinction; surviving parents; surviving brothers and sisters of the full blood; or executors, and administrators or assigns.							
I HEREBY CERTIFY that the personal data contained herein are true and correct.							
TAX IDENTIFICATION NUMBER			APPLICANT'S SIGNATURE			DATE SIGNED	
<b>FOR HOME OFFICE USE ONLY</b>							
POLICY NO.		EMPLOYEE ALONE		Present Address Region		: _____	
G. _____				Permanent Address Region		: _____	
DATE RECEIVED		Processor/Biller		Name and Signature		Date Signed	

IL-APGI-02 2012-XXX



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