

Individual's Application for Group Insurance (Health Declaration)

In the Philippines, this group insurance product is provided by Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.

In this application, *you* and *your* refer to the person being insured whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life Grepa Financial, Inc.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

Last Name		<input type="checkbox"/> Male	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
		<input type="checkbox"/> Female	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Others, specify
First Name		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Legally Separated		
Middle Name		Date of Birth (day/month/year)		
Present Residence Address No., Street, Village/Subdivision, Barangay (P.O. Box is not acceptable)			City/Municipality	Province/State
			Country	Zip Code
Home Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Work Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Mobile Phone No. <small>(country code & mobile no.)</small>		E-mail Address

Beneficiary(ies)

Full Name (Last Name, First Name, Middle Name)

Date of Birth (day/month/year)

Relationship to Member

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Note: All nominations of beneficiaries are revocable unless otherwise specified.

2 Health Declaration

You are (i) between eighteen (18) to sixty-five (65) years old; (ii) physically and mentally healthy; (iii) have never had any congenital birth disease, heart disease, high blood pressure, lung or kidney ailment, tumor, mass or cancer or any other physical impairment; (iv) have not undergone operations, any medical procedure, including surgical diagnostic procedures nor have been hospitalized; and (v) have not been treated for any illness in the past twelve (12) months.

3 Signatures

By signing, you acknowledge/agree that:

- The answers and declarations made on this application are complete and true. You agree and understand that any concealment or misrepresentation which renders any one or all of the declaration made in (i) to (v) false may be a ground for rescission of the insurance coverage and denial of future claims.
- You have a continuing obligation to promptly disclose to the Company any incorrect declaration, whether intentional or unintentional, [within one (1) year, maximum of two (2) years] from the effective date of your insurance coverage or from last reinstatement. Failure to do so shall give the Company the unequivocal right to contest claims, adjust or rescind your coverage in accordance with the policy contract even if the insured's death occurs [within one (1) year, maximum of two (2) years] from the effective date of the insurance coverage or from last reinstatement.
- Fraudulent misrepresentation or concealment may give rise to criminal prosecution under applicable laws.
- Your insurance shall become effective in accordance with the terms and conditions of the group policy for which this application is made provided that you are Actively-At-Work or actively performing normal daily activities on a full-time basis and the premium corresponding to your insurance coverage has been paid.
- You agree that the Company shall process your personal data to: a) evaluate your application and administer your account; b) process claims and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data. Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws, and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at https://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf
- You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to the policy or their representatives in relation to the processing of this application form.
- If any provisions herein are determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of the rest of the provisions.

Signature of Member	Full Name of Member	
Signature of Witness	Full Name of Witness	Company Name
Place of Signing	Date of Signing (day/month/year)	

