

Evidence of Insurability Questionnaire for Excess Premiums

In this form, *you* and *your* refer to the person being insured while *we*, *us*, *our* and *the Company* refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.

Please PRINT clearly. Use BLACK ink.

1 General Information

Application by (Name of Policyowner, Last, First, M.I.)	
for the Excess Premiums amounting to <input type="checkbox"/> PhP <input type="checkbox"/> US\$	under Policy Number
on the life of	

2 Declaration and Representation

The following questions must be answered by the person insured.

- YES NO
1. Within the last 2 years, have you had or been told you have or sought advice for high blood pressure, stroke, chest pain, heart attack, heart murmur, diabetes, urinary, reproductive or prostate disorder, sexually transmitted disorder, mass, cancer or tumor, epilepsy, psychological disorder, chronic cough, tuberculosis, emphysema, ulcerative colitis, hepatitis B & C, convulsions, epilepsy or loss of consciousness, positive HIV test, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex?
2. Within the last 2 years, have you had any test results, or routine check up, or had ECG, X-ray, urine, blood tests or other tests which resulted in abnormal results?
3. Do you have any health symptoms, or complaints for which a physician has not been consulted? If "Yes", please provide details below:

Give full details to any "Yes" answer to questions 1 and 2 in the space provided for:

Physicians Name and Address	Date Seen (day/month/year) and Reason for visit or diagnosis	Diagnosis, Medication and Results of treatment

3 Signatures

By signing below,

- you declare to the best of your knowledge and belief that the above answers are complete and true;
- you hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of you or your health, to give to Sun Life Grepa Financial, Inc. any and all information about you with reference to your health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment.

Place of Signing	Date of Signing	Day Month Year □ □ - □ □ □ □ - □ □ □ □
Policyowner's Signature X	Printed Name	
Life Insured's Signature X	Printed Name	
Witness Signature X	Name of Witness	



Please read carefully and sign. Submit to Sun Life Grepa Financial, Inc. together with the Application Form.

1. Medical Information Database

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 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.

2. Authorization to Process your Personal Data

You understand and acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers and vendors, shall use, process and share your information, including sensitive personal information, with any person or organization to (i) administer and service this insurance or investment account; (ii) process claims and enforce/fulfill contractual rights/obligations; or (iii) for other reasonable purposes related to the provision of products and services (including but not limited to improvement/upgrade in systems and business processes, data analytics, automated processing, etc.).

The Company may further process your information for purposes of complying with its legal obligations, laws and regulations (including but not limited to the Anti-Money Laundering Act and Credit Information Systems Act); pursue its legitimate and lawful rights and interests; and other purposes allowed under privacy laws and regulations.

Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://www.sunlifegrepa.com/privacy-policy-statement/>. Should you have any concerns in relation to your rights or the processing of your personal data, you may get in touch with our Data Protection Officer at privacyconcern@sunlifegrepa.com.

Your personal data shall be retained throughout the duration of your coverage under your plan or existence of your account(s) and/or until expiration of the retention limit set by laws and regulations from account closure and the period set for destruction or disposal of records. You certify that you have read, understood and agree with the declarations and authorizations above, including Sun Life’s privacy policy found in <https://www.sunlifegrepa.com/privacy-policy-statement/>.

Full Name	
Signature	Date of Signing Day Month Year <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

