



14/F STI Holdings Center
6764 Ayala Avenue
1226 Makati City

**APPLICATION FOR AMENDMENT OF PLAN CONTRACT
FOR GROUP BUSINESS**

| | | |
|------------------------------|--|---|
| GROUP / FRANCHISE NO. | COMPANY / GROUP NAME (Please print) | OR NUMBER OR DATE: OR AMOUNT: |
| MOBILE NO. | EMAIL ADDRESS | TELEPHONE NO. |
| | | <input type="checkbox"/> Photocopy of Authorized Signatory's 1 valid ID bearing his photo and signature <input type="checkbox"/> Processing Fee/Participant (Non-Refundable) |

| REQUEST | PARTICULARS | |
|--|--|----------------------------|
| <input type="checkbox"/> CHANGE MODE OF PAYMENT <i>Note: Attach Listing</i> | CURRENT MODE OF PAYMENT | NEW MODE OF PAYMENT |
| | | |
| <input type="checkbox"/> TRANSFER / CHANGE OF PARTICIPANTS | Requirements: <input checked="" type="checkbox"/> Processing Fee per plan. <input checked="" type="checkbox"/> Transfer/Change Participants Form <input checked="" type="checkbox"/> Surrender original Certificate of Participation <input checked="" type="checkbox"/> Surrender Certificate of Fully Payment (if fully paid) | |
| <input type="checkbox"/> CHANGE NAME / DATE OF BIRTH OF PARTICIPANT <input type="checkbox"/> CHANGE <input type="checkbox"/> CORRECTION Note: <input checked="" type="checkbox"/> If change of name is due to mere corrections, attach photocopy of birth certificate. Original must be presented. <input checked="" type="checkbox"/> If change in name, attach photocopy of marriage contract or copy of other legal documents. Original must be presented. <input checked="" type="checkbox"/> For more than 1 plan, submit list signed by the authorized signatory. Details should include the following: Plan Number, Participant's Name on record, New/Correct Name (for correction of name), Correct DOB (for correction of DOB), and reason for change. | PLAN NUMBER: _____ PARTICIPANT'S NAME ON RECORD: _____ NEW/CORRECT NAME: _____ (For Correction of Name) CORRECT DATE OF BIRTH : _____ (For correction of Birthday) (MONTH / DAY / YEAR) GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female Reason: <input type="checkbox"/> Married to _____ on (DATE) _____ <input type="checkbox"/> Others: _____ | |
| <input type="checkbox"/> REPLACEMENT/RE-ISSUANCE OF CERTIFICATE OF PARTICIPATION <input type="checkbox"/> REPLACEMENT OF CERTIFICATE OF FULL PAYMENT | Requirement submitted: <input type="checkbox"/> Notarized Affidavit of Loss <input type="checkbox"/> List of Participants <input type="checkbox"/> Others (Please specify) _____ | |
| <input type="checkbox"/> OTHERS CHANGES: (please specify): <input checked="" type="checkbox"/> Attach additional sheet/s of paper signed by the company authorized signatory on Official Company Letterhead . <input checked="" type="checkbox"/> Board Resolution and Secretary's Certificate for conversion of plan from Group to Regular/individual plan. <input checked="" type="checkbox"/> Other documents shall be required depending on the type of change request specified. | CHANGE : _____ FROM : _____ TO : _____ | |

I/We hereby agree that this application for amendment of Plan Contract shall be effective only upon the approval of PhilPlans First, Inc. ("PhilPlans").

My/Our signature indicates that I/we have reviewed and certified the correctness of all information stated in this form.

I/We hereby consent, without need of prior notification, to the processing, storage, and disclosure by the Company of all such personal and/or sensitive personal information in this form for the enforcement of my plan contract, and for all purposes deemed fit by the Company, which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with the Company. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured. PhilPlans shall retain the information for the duration of your contract/business with it and for a reasonable time thereafter to comply with its legal obligations.

I/We understand that as the owner of my data, I may contact the Company at any time during normal business hours and exercise the following rights, among others: (a) to be informed of the type and extent of data in the Company's possession; (b) to have my data disposed of or deleted, subject to the legitimate need of the Company in order to fulfill its contractual obligations to me; (c) to correct or update my data as needed; and (d) to receive a copy of the data within a reasonable time upon request.

I/We agree that the company may store the said data for the duration of the contract and a reasonable time thereafter.

I/We understand that we may contact the Data Protection Officer of the Company for any concerns involving my data or privacy rights.

I/WE hereby certify that I have fully read and understood the benefits and features of this plan and agree to be bound by the provisions of the plan contract.

Dated this _____ day of _____ year _____ at _____, Philippines.

WITNESS: _____

 SALES COUNSELOR'S CODE

1. _____
 SIGNATURE OVER PRINTED NAME OF AUTHORIZED SIGNATORY

 2. _____
 SIGNATURE OVER PRINTED NAME OF AUTHORIZED SIGNATORY

| |
|---------------------------------|
| FOR HEAD OFFICE USE ONLY |
| REMARKS _____ |
| PROCESSED BY: _____ DATE: _____ |