



Planholder Contact Information Form (For Individual and Salary Allotment Accounts)

INSTRUCTION: COMPLETELY FILL-OUT THE FORM. WRITE "NA" IF NONE OR NOT APPLICABLE.

PLANHHOLDER'S NAME			
PLAN NUMBER		NATIONALITY	
BILLING/ MAILING ADDRESS			
		ZIP CODE:	
MOBILE NO		LANDLINE NO.	
EMAIL ADDRESS			

Do you want to update the contact information in all your other plans with us?

- Yes, I want to update the contact information in all my other plans.
- Yes, except for the following plans:

PLAN NUMBER	REASON

- No, I do not have other plans with Philplans.

For and in consideration of PhilPlans' grant of this request, I acknowledge and agree that:

1. I am solely responsible for maintaining the confidentiality and integrity of access to the above-indicated email address. I shall immediately notify PhilPlans if I have reason to believe that such email account has been hacked or if any unauthorized third party has gained access to this email account.
2. I am solely responsible for maintaining the integrity and security of the cell phone number that I have provided. I shall immediately notify PhilPlans if this cell phone number has been compromised in any way, whether through the theft of the phone utilizing said number or through other methods.
3. I am solely and fully responsible for all instructions, communication, transactions, and activities that occur through the use of any of the channels indicated above.
4. Until this instruction is revoked by me personally through an original signed document, all official instructions and communications with PhilPlans First, Inc. in connection to the above plan number may be coursed through the address and the communication channels provided above.
5. Any notice from PhilPlans provided to me through these channels shall be considered as official notice for enforcement of the plan contract and compliance with applicable law. This shall be without prejudice to the sending to me of notice through regular mail at the address I have provided.
6. All other data regarding my Plan which may be transmitted to me via these channels will be provided only for my convenience, but should not be deemed official. Any error or discrepancy between the information transmitted via these channels and the official records of PhilPlans shall not in any way prejudice or give rise to any liability on the part of PhilPlans.
7. PhilPlans shall take reasonable security precautions for the transmission of confidential information over these channels. However, PhilPlans shall not be liable for any interception of any such data or communication which may occur beyond the reasonable control of PhilPlans. Neither PhilPlans nor any of its service partners, employees, or agents shall be responsible for any damages caused by communications line failure, systems failure or other occurrences beyond their control.

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

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

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

I 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.

Signature over Printed Name of the Planholder

SPECIMEN SIGNATURES:

LONG FORM	SHORT FORM
1.	1.
2.	2.

TO BE ACCOMPLISHED BY PHILPLANS

RECEIVED BY/DATE RECEIVED: BRANCH STAFF/BRANCH OFFICE		PROCESSED BY/DATE PROCESSED:	
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