

INSURANCE CLAIMS SETTLEMENT FORM

INSTRUCTIONS :

1. Accomplish this form completely and affix your wet signatures on the spaces provided.
2. For online submission, send scanned copy or photo together with the requirements to customer-service@philplans.com.ph.

1. PLAN NUMBER	2. PLANHOLDER'S NAME (Please print)
3. MOBILE NO. OF THE CLAIMANT	4. EMAIL ADDRESS OF THE CLAIMANT
5. COMPLETE ADDRESS OF THE CLAIMANT	

- 6. TYPE OF REQUEST:** Death Benefits Total Disability Benefits (Waiver of Premium) Dismemberment Claim
 Others, please specify _____

7. DETAILS OF CLAIMANT, if planholder is deceased

Date of Death of Planholder: (mm/dd/yyyy)	Claimant's Name
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- Designation of Claimant: Beneficiary Legal Guardian of minor Beneficiary or Nominee
 Others, (please specify) _____

8. BANK DETAILS:

Bank Name	Account Number
Account Name	

9. REASON WHY THE CLAIMANT DID NOT AVAIL OF PHILPLANS' MEMORIAL SERVICE (for Unrendered Memorial Service Benefit):

- Not aware of PhilPlans Memorial Service Benefit/Assistance The Planholder died abroad PhilPlans accredited Mortuary is far from Ph's residence
 Used non-PhilPlans Memorial Plan of the Planholder, indicate Memorial Plan _____
 Others, please specify, _____

Name of servicing mortuary: _____ Name of servicing mortuary staff: _____

10. DECLARATION AND SIGNATURE:

- I hereby certify and warrant that I have full authority to transact for the settlement of the plan;
- I am entitled to receive certain benefits (as marked in the above box) (the "Benefit") under the terms and conditions of the Plan;
- I authorize PhilPlans to deposit any and all checks representing my Benefit (the "Benefit Deposit") to the above-shown BANK DETAILS and PhilPlans shall be free and harmless if any error in remittance occurs due to errors in the BANK DETAILS provided;
- After the Deposit of any and all Benefit under the Plan to the provided BANK DETAILS, I accept that PhilPlans has fulfilled all its obligations from the Plan, and that PhilPlans, its assigns, and successors-in-interest, is held free and harmless, and is hereby released and forever discharged, from all actions, claims, and demands whatsoever that now exist or may hereafter develop. I agree that for concerns relating to my receipt of the Benefit, a deposit slip, credit memo, or its equivalent coming from PhilPlans indicating a credit to the provided BANK DETAILS with an amount equal to the applicable Benefit, shall deemed conclusive proof of my receipt of the applicable Benefit from PhilPlans.
- I acknowledge and agree that PhilPlans shall be conclusively presumed to have successfully delivered all benefit checks to me after five (5) years have elapsed from their recorded date of release, and shall not contest the same.
- 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 PhilPlans of all such personal and/or sensitive personal information in this form for the enforcement of the plan contract, and for all purposes deemed fit by PhilPlans, 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 PhilPlans 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 PhilPlans' possession; (b) to have my data disposed of or deleted, subject to the legitimate need of PhilPlans 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 understand that I may contact the Data Protection Officer of Philplans at dpo@philplans.com.ph for any concerns involving my data or privacy rights.

I agree that PhilPlans may store all information provided for the duration of the contract and for a reasonable time thereafter.

<p><small>LONG FORM SIGNATURE OVER PRINTED NAME OF CLAIMANT</small></p>	<p><small>SHORT FORM SIGNATURE OVER PRINTED NAME OF CLAIMANT</small></p>	<p><small>DATE:</small></p> <hr/> <p><small>PLACE:</small></p>
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<p>Received by <small>SIGNATURE OVER PRINTED</small></p>	<p><small>Date Received:</small> _____</p> <p><small>Receiving Branch/Department:</small> _____</p>
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