

DEATH/DISABILITY/DISEMBEUREMENT Form

Applicable for Plans with Insurance Benefit (WIB) and Plans with No Insurance Benefit (NIB)

Planholder's Name: _____

Plan No./s: _____

Type of Claim : Death Disability Dismemberment

I/We am/are submitting the following claim forms duly accomplished and other pertinent documents (indicated by the check mark) to facilitate the processing of my/our claim on the life of the above planholder:

DEATH CLAIM

- Forms : CLAIMANT'S FORM – DEATH CLAIM
 ATTENDING PHYSICIAN'S STATEMENT (For WIB Plans only)
 UNIVERSAL APPLICATION FORM – for PAMANA Life Plan only
- Original PLAN CONTRACT (for regular and salary allotment) or CERTIFICATE OF PARTICIPATION (for group plan)
 - Original copy required for Life Plans Photocopy only for Education and Pension Plans
 - CERTIFICATE OF FULL PAYMENT – for fully paid plans
 - Original copy required for Life Plans Photocopy only for Education and Pension Plans
 - Original or certified true copy of DEATH CERTIFICATE duly certified/registered by the Local Civil Registry
 - Original Philippine Statistics Authority (PSA) copy of BIRTH CERTIFICATE OF THE PLANHOLDER with photocopy of Official Receipt (original must be presented)
 - Original PSA copy of BIRTH CERTIFICATE OF THE BENEFICIARY/IES with photocopy of Official Receipt (original must be presented)
 - Original PSA copy of BIRTH CERTIFICATE OF NOMINEE (for Classic Education Plan only) with photocopy of Official Receipt (original must be presented)
 - Original PSA copy of MARRIAGE CONTRACT OF THE PLANHOLDER with Official Receipt (original must be presented)
 - Original PSA copy of MARRIAGE CONTRACT OF THE FEMALE BENEFICIARY with Official Receipt (original must be presented)
 - Proof of Identity of the Planholder and Claimant - At least two photo-bearing IDENTIFICATION CARDS with signature. The acceptable IDs are: Driver's License, Passport, SSS, GSIS, PRC, Unified Multi-purpose, Postal, NBI Clearance, Senior Citizen's, COMELEC, and Company.
 - Certified True Copies of complete MEDICAL RECORDS – if contestable WIB plans
 - AFFIDAVIT OF CARE AND CUSTODY (AFFIDAVIT OF LEGAL GUARDIANSHIP) – This must be accomplished by the parent having the custody of the minor beneficiary.
 - Deed of Extra-Judicial Partition (if deceased beneficiaries or designated beneficiaries)
 - SCHOOL CERTIFICATION of Nominee stating grade or level in school for Classic Education Plan only
 - If the Insured died of accidental or violent death, the following documents MUST be submitted (For WIB plans only);
 - Certified True Copy of the Investigation report of PNP or NBI.
 - Driver's license (If insured was driving the vehicle at the time of the accident).
 - Certified True Copy of Traffic Accident Report (if insured's death was caused by a vehicular accident).
 - For Group Account
 - Assured/Employer's Statement
 - Certificate of Employment
 - Board Resolution (photocopy) and Secretary's Certificate (original) for the Authorized Group signatory
 - Photocopy of ID of the signatory of the Board Resolution and Secretary's Certificate
 - Others: _____

DISABILITY CLAIM OR DISEMBEUREMENT CLAIM (For WIB Plans only)

- Forms CLAIMANT'S FORM – DISABILITY CLAIM ATTENDING PHYSICIAN'S STATEMENT
- Certified True Copies of complete MEDICAL RECORDS, if disability or dismemberment is due to illness,
 - If disability or dismemberment is due to accident,
 - Certified True Copy of the Investigation report of PNP or NBI and;
 - Driver's license (If insured was driving the vehicle at the time of the accident)
 - Certified True Copy of Traffic Accident Report (if insured's death was caused by a vehicular accident)
 - CERTIFICATE OF EMPLOYMENT (to be provided by the company - for group account only)
 - PROOF OF CLAIM FILED / BENEFIT RECEIVED – from other insurance company or government institution
 - Photocopy of PLAN CONTRACT and CERTIFICATE OF FULL PAYMENT (if applicable)
 - Photocopy of at least two photo-bearing IDENTIFICATION (IDS) CARDS with signature. The acceptable IDs are as follows: Driver's License, Passport, SSS, GSIS, PRC ID, Unified Multi-purpose ID, NBI Clearance, Senior Citizen's ID COMELEC ID, Company ID, Postal ID.
 - Others: _____

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 manual or automated processing, storage and disclosure by PhilPlans First, Inc. ("PhilPlans"), and its authorized employees and representatives, within or without the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive personal information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my/our plan contract, and for all purposes deemed fit by PhilPlans, which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilPlans.

I/We also agree that my/our contact details may be utilized by PhilPlans to provide relevant updates of my/our plan/s, as well as company and product developments. Said consent also extends likewise from those persons whose information I/we have provided, whose consent I/we have secured.

Lastly, I/we agree that PhilPlans may store the same for the duration of the contract and a reasonable time thereafter.

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

Claimant 1	Printed Name over Signature / Date	Where to claim the check	
E-mail		Mobile Number	
Claimant 2	Printed Name over Signature / Date	Where to claim the check	
E-mail		Mobile Number	

To be accomplished by the BSS

Reason why the Claimant did not avail of PhilPlans' Memorial Service:

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

Name of Servicing Mortuary: _____

Received and by: _____ Printed name and signature of BSS/CSA	Date Received: _____	Requesting Branch: _____
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