



**GROUP BUSINESS
TRANSFER / CHANGE OF PARTICIPANT**

GROUP NO : _____

FRANCHISE / COMPANY NAME: _____

FRANCHISE / COMPANY ADDRESS: _____

Important Reminders:
 1. This form should be accomplished together with the Amendment Application Form (Form PS-022)
 2. This form should be reviewed and signed by the Authorized Signatory of the company
 3. Certificate of Participation OLD Participant must be surrendered.
 4. If the plan is fully paid - Certificate of Full Payment (CFP) must also be surrendered.

PLAN NUMBER	OLD PARTICIPANT (FROM)	NEW PARTICIPANT (TO)	EMPLOYEE I.D. NO.	DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	HEIGHT (FT)	WEIGHT (LBS)	CIVIL STATUS	PLACE OF BIRTH	NATIONALITY	OCCUPATION (JOB DESCRIPTION)	BENEFICIARY		
													NAME	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO PARTICIPANT
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

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, and its authorized employees and representatives, of all such information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance of my plan contract. I also agree that my contact details may be utilized by PhilPlans to provide relevant updates on my plan, as well as company and product developments.

Said consent extends likewise from those persons whose information I have provided, whose consent I have secured.

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

I hereby certify that the above names are regular employees/members of the company/association.

 Authorized Signatory
 (Signature Over Printed Name)

 Date

 Designation / Position

Agent Name: _____

Agent Code: _____

Distribution Channel (Please check): Traditional WEM

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