



Planholder Contact Information Form (For Group Account)

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

NAME OF AUTHORIZED SIGNATORY		NATIONALITY	
COMPANY NAME		GROUP NUMBER	
COMPANY BILLING/ MAILING ADDRESS		ZIP CODE:	
COMPANY LANDLINE NO.		AREA CODE	NUMBER
CELLPHONE NO. (Authorized Signatory)			
EMAIL ADDRESS (Authorized Signatory)			

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

- I/We solely responsible for maintaining the confidentiality and integrity of access to the above-indicated email address. I/we shall immediately notify PhilPlans if I/we have reason to believe that such email account has been hacked or if any unauthorized third party has gained access to this email account.
- I/We solely responsible for maintaining the integrity and security of the cell phone number that I have provided. I/we 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.
- I/We solely and fully responsible for all instructions, communication, transactions, and activities that occur through the use of any of the channels indicated above.
- Until this instruction is revoked by us personally through an original signed document, all official instructions and communication with PhilPlans First, Inc. in connection to the above plan number may be coursed through the address and the communication channels provided above.
- Any notice from PhilPlans provided to us 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 us of notice through regular mail at the address I have provided.
- All other data regarding my Plan which may be transmitted to us via these channels will be provided only for our 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.
- 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/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, 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.

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.

Signature over Printed Name of Authorized Signatory

SPECIMEN SIGNATURES:

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

TO BE ACCOMPLISHED BY PHILPLANS

RECEIVED BY: BRANCH STAFF/BRANCH OFFICE	PROCESSED BY/DATE PROCESSED: (HEAD OFFICE USE)
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Clarence 6.1.2018