



**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)	B E N E F I C I A R Y		
													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/Our signature indicates that I/we have reviewed and certified the correctness of all information stated in this form.

I/We hereby consent, without the 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 fully utilized by PhilPlans to provide relevant updates of my/our plan/s, as well as company and product development. 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.

AUTHORIZED SIGNATORY
 (Signature over Printed Name)

Designation / Position

 Date

Agent Name: _____

Agent Code: _____

Distribution Channel (Please check): Traditional WEM

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