



12/F STI Holdings Center
6764 Ayala Avenue
1226 Makati City

**APPLICATION FOR AMENDMENT OF PLAN CONTRACT
FOR GROUP BUSINESS**

GROUP / FRANCHISE NO.	COMPANY / GROUP NAME (Please print)	OR NUMBER OR DATE: OR AMOUNT:
PHONE NUMBER (Please include AREA CODE) ()	MOBILE NUMBER	E-MAIL ADDRESS
		<input type="checkbox"/> Photocopy of Authorized Signatory's 2 valid IDs bearing his photo and signature <input type="checkbox"/> Processing Fee/Participant (Non-Refundable)

REQUEST	PARTICULARS	
<input type="checkbox"/> CHANGE MODE OF PAYMENT <i>Note: Attach Listing</i>	CURRENT MODE OF PAYMENT	NEW MODE OF PAYMENT
<input type="checkbox"/> TRANSFER / CHANGE OF PARTICIPANTS	Requirements: <input checked="" type="checkbox"/> Processing Fee per plan. <input checked="" type="checkbox"/> Transfer/Change Participants Form <input checked="" type="checkbox"/> Surrender original Certificate of Participation <input checked="" type="checkbox"/> Surrender Certificate of Fully Payment (if fully paid)	
<input type="checkbox"/> CHANGE NAME / DATE OF BIRTH OF PARTICIPANT <input type="checkbox"/> CHANGE <input type="checkbox"/> CORRECTION Note: <input checked="" type="checkbox"/> If change of name is due to mere corrections, attach photocopy of birth certificate. Original must be presented. <input checked="" type="checkbox"/> If change in name, attach photocopy of marriage contract or copy of other legal documents. Original must be presented. <input checked="" type="checkbox"/> For more than 1 plan, submit list signed by the authorized signatory. Details should include the following: Plan Number, Participant's Name on record, New/Correct Name (for correction of name), Correct DOB (for correction of DOB), and reason for change.	PLAN NUMBER: _____ PARTICIPANT'S NAME ON RECORD: _____ NEW/CORRECT NAME: _____ (For Correction of Name) CORRECT DATE OF BIRTH : _____ (For correction of Birthday) (MONTH / DAY / YEAR) GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female Reason: <input type="checkbox"/> Married to _____ on (DATE) _____ <input type="checkbox"/> Others: _____	
<input type="checkbox"/> REPLACEMENT/RE-ISSUANCE OF CERTIFICATE OF PARTICIPATION <input type="checkbox"/> REPLACEMENT OF CERTIFICATE OF FULL PAYMENT	Requirement submitted: <input type="checkbox"/> Notarized Affidavit of Loss <input type="checkbox"/> List of Participants <input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> OTHERS CHANGES: (please specify): <input checked="" type="checkbox"/> Attach additional sheet/s of paper signed by the company authorized signatory on Official Company Letterhead . <input checked="" type="checkbox"/> Board Resolution and Secretary's Certificate for conversion of plan from Group to Regular/individual plan. <input checked="" type="checkbox"/> Other documents shall be required depending on the type of change request specified.	CHANGE : _____ FROM : _____ TO : _____	

I/We hereby agree that this application for amendment of Plan Contract shall be effective only upon the approval of PhilPlans First, Inc. ("PhilPlans").

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.

WITNESS: _____
 SERVICING SALES COUNSELOR (SIGNATURE OVER PRINTED NAME)

 SALES COUNSELOR'S CODE

1. _____
 SIGNATURE OVER PRINTED NAME OF AUTHORIZED SIGNATORY

 2. _____
 SIGNATURE OVER PRINTED NAME OF AUTHORIZED SIGNATORY

FOR HEAD OFFICE USE ONLY
REMARKS _____
PROCESSED BY: _____ DATE: _____

Chaneby 6.1.2018