

DEATH CLAIM REQUIREMENTS

Planholder's Name: _____ Plan No./s: _____

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:

BASIC REQUIREMENTS:

- CLAIMANT'S STATEMENT FORM – DEATH CLAIM
- ATTENDING PHYSICIAN'S STATEMENT
- DEATH CERTIFICATE – duly certified/registered by the Local Civil Registry and original copy or certified true copy
- MEDICAL RECORDS (if planholder dies within the contestability period) – certified true copies
- BIRTH CERTIFICATE and MARRIAGE CONTRACT OF THE PLANHOLDER – original Philippine Statistics Authority (PSA) copy
- Proof of Identity of the Planholder and Claimant – photocopy; original copy must be presented
The acceptable IDs are: Driver's License, Passport, SSS, GSIS, PRC, Unified Multi-purpose, Postal, NBI Clearance, Senior Citizen's, COMELEC, and Company
- PLAN CONTRACT – original copy (for Life Plans) or photocopy (for Education and Pension Plans)
- CERTIFICATE OF FULL PAYMENT (for fully paid plans) – original copy (for Life Plans) or photocopy (for Education and Pension Plans)
- SCHOOL CERTIFICATION of Nominee stating grade or level in school for Classic Education Plan only
- PLANHOLDER CONTACT INFORMATION FORM (to be accomplished by the beneficiary/ies)
- AUTHORITY TO DEPOSIT and PROOF OF BANK DETAILS – to credit the death benefits to the beneficiary's bank account

ADDITIONAL REQUIREMENTS:

For Life Plans

- If UNRENDERED MEMORIAL SERVICE, photocopy of Official Receipt (OR) issued by servicing mortuary or Authorization Letter to secure the OR from servicing mortuary
- For PAMANA LIFE PLAN, duly accomplished Universal Plan Application Form

For plans under Group Business coverage

- CERTIFICATE OF PARTICIPATION – original copy (for Life Plans) or photocopy (for Education and Pension Plans)
- Assured/Employer's Statement
- Certificate of Employment
- Board Resolution (photocopy) or Secretary's Certificate (original) for the Authorized Group signatory, if there is a change of authorized group signatory
- ID of the signatory of the Board Resolution or Secretary's Certificate , if there is a change of authorized group signatory – photocopy

For beneficiary/ies (family member of the planholder)

- BIRTH CERTIFICATE OF THE BENEFICIARY – original PSA copy
- MARRIAGE CONTRACT OF THE MARRIED FEMALE BENEFICIARY/IES – original PSA copy
- AFFIDAVIT OF CARE AND CUSTODY (AFFIDAVIT OF LEGAL GUARDIANSHIP) - must be accomplished by the parent having the custody of the minor beneficiary
- Deed of Extra-Judicial Settlement (if deceased beneficiaries or no designated beneficiaries)

If death is due to accident or violent death

- Investigation report of PNP or NBI - certified true copy
- Driver's License ID and Official Receipt (if planholder was driving the vehicle at the time of the accident) – photocopy
- Traffic Accident Report (if insured's death was caused by a vehicular accident) – certified true copy

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

Claimant 2 _____
Printed Name over Signature

Mobile Number _____

E-mail Address _____

UNRENDERED MEMORIAL SERVICE (If you are claiming the available cash benefit of the plan under UNRENDERED MEMORIAL SERVICE, please let us know the reason)

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

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

Date Received: _____