PhilPlans
Think Ahead!

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DISABILITY / DISMEMBERMENT CLAIM REQUIREMENTS

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

I am submitting the following claim forms duly accomplished and other pertinent documents (indicated by the check mark) to facilitate the processing of my D claim on the life of the above planholder:

BASIC REQUIREMENTS:

- ☐ **CLAIMANT'S STATEMENT FORM – TOTAL DISABILITY CLAIM**
- ☐ **ATTENDING PHYSICIAN'S STATEMENT FORM – TOTAL DISABILITY CLAIM**
- ☐ **PLANHOLDER CONTACT INFORMATION FORM (to be accomplished by the beneficiary/ies)**
- ☐ **PLAN CONTRACT** (for regular and salary allotment) – photocopy only
- ☐ **CERTIFICATE OF FULL PAYMENT** (for fully paid plans) – photocopy only
- ☐ **PROOF OF CLAIM FILED / BENEFIT RECEIVED –** from other insurance company or government institution
- ☐ **Proof of Identity of the Planholder**
  The acceptable *IDs are:* Driver's License, Passport, SSS, GSIS, PRC, Unified Multi-purpose, Postal, NBI Clearance, Senior Citizen's, COMELEC, and Company
- ☐ **AUTHORITY TO DEPOSIT** and **PROOF OF BANK DETAILS** – to credit the Dismemberment benefit to the planholder's bank account
- ☐ Others: _____

ADDITIONAL REQUIREMENTS

If disability or dismemberment is due to illness

- ☐ **MEDICAL RECORDS** – certified true copies

If disability or dismemberment is accident

- ☐ Certified True Copy of the Investigation report of Philippine National Police or National Bureau of Investigation
- ☐ Driver's license and Official Receipt (If planholder was driving the vehicle at the time of the accident)
- ☐ Certified True Copy of Traffic Accident Report (if due to vehicular accident)

For plans under Group Business coverage

- ☐ **CERTIFICATE OF PARTICIPATION**
- ☐ **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
- ☐ Photocopy of ID of the signatory of the **Board Resolution and Secretary's Certificate**, if there is a change of authorized group signatory
- ☐ Others: _____

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 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 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 also agree that my contact details may be utilized by PhilPlans to provide relevant updates of my plan/s, as well as company and product developments. Said consent also 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.

Dated this _____ day of_____ year_____ at _____, Philippines.

_____
PRINTED NAME OVER SIGNATURE

Mobile Number _____ **E-mail Address**_____

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