



BJMPMBAI

APPLICATION

Juco Bldg., 144 Mindanao Avenue, Bahay Toro, Quezon City Tel/Fax No.: 926-6963 Cel No.: 09186907810 Email Address: BJMPMBAI@Yahoo.Com

I hereby apply to purchase from BJMPMBAI a Health Care Service Plan described hereunder in accordance with the Term and Conditions indicated in the Memorandum of Agreement executed between BJMPMBAI and FIHI. I certify that I supplied and/or wrote the information appearing below. I agree that this application becomes binding only upon acceptance and approval by BJMPMBAI and its issuance to me of the certificate as proof of cover duly signed by the authorized official of BJMPMBAI.

Application No. _____

(PRINTED OR TYPEWRITTEN)

FULL NAME		LAST	FIRST	MIDDLE		
BIRTHDATE		AGE	HEIGHT	WEIGHT	OCCUPATION	
PLACE OF BIRTH		SEX	CIVIL STATUS		CITIZENSHIP	
RESIDENCE ADDRESS				TEL. NO.		
BUSINESS ADDRESS				TEL. NO.		
BENEFICIARIES				PLAN BENEFIT		
NAME		AGE	RELATIONSHIP	PLAN	AMT./MCB	
_____		_____	_____	<input type="checkbox"/> WARD	<input type="checkbox"/> 320.00	
_____		_____	_____	<input type="checkbox"/> SEMI-PRIVATE	<input type="checkbox"/> 520.00	
_____		_____	_____	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> 880.00	
_____		_____	_____	Check appropriate box		

DECLARATION AND REPRESENTATION

I hereby declare to the best of my knowledge that :

- a) I am not less than 18 years of age nor have attained my 56th birthday
- b) I am in good health and physical condition and have no physical impairment
- c) I have not been confined in any hospital, infirmary or sanitarium, nor have received medical or surgical treatment for the last 12 months.
- d) I have never been treated for cancer, diabetes, heart ailment, high blood pressure, lung, kidney or stomach disorder.

Please give details on the space provided for, if your answer to any of the above statements reveal otherwise:

Findings _____
 Date Confined / Treated _____
 Name of Doctor _____ Hospital _____

It is agreed that the insurance coverage to this application is subject to the provisions of the Group Master Policies issued to BJMP-MBAI / FILCARE and is based on the truthfulness of the foregoing representations.

Further, I agree that this application shall be the basis of the contract between BJMP-MBAI / FILCARE and myself, including the declarations and answer herein written.

IN WITNESS HEREOF, I have signed this application this _____ day of _____, 200__ at _____ Philippines.

Signature of Account Officer
Code # _____

Signature of Applicant

THE PORTION FOR PROCESSING / UNDERWRITING USE

Received by : _____

Underwritten by : _____

Date Received : _____

PR No. _____ Date : _____ Amount : P _____

Date : _____

OR No. _____ Date : _____

Encoded by : _____

Date : _____