



# COCOLIFE

UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION  
COCOLIFE Building 6807 Ayala Avenue Makati City 1226  
Tel. No. 812-9015 Fax No. 812-9053  
TIN 000-604-739-010  
Website: www.cocolife.com

## APPLICATION FOR GROUP LIFE INSURANCE

### **PART I. APPLICANT'S PERSONAL DATA**

Full Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Term of Coverage: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Premiums: \_\_\_\_\_  
Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Nature of Work: \_\_\_\_\_  
If seaman, port of entry: \_\_\_\_\_ If OCW/OFW, destination country: \_\_\_\_\_

**PART II. BENEFICIARIES** (only for plans providing level insurance coverage). It is understood that the beneficiaries share equally and are designated primary and revocable unless indicated otherwise in the "REMARKS" column.

NAME	AGE	RELATIONSHIP	REMARKS

### **PART III. HEALTH DECLARATION**

I hereby represent and declare that:

- a) I am not below 18 years old and have not reached 65 years of age;
- b) I possess sound health and am able to perform the normal activities in pursuit of my livelihood free from any physical or mental infirmity;
- c) I do not have, never had and/or never consulted any physician for cancer, diabetes, epilepsy, heart disease, high blood pressure or tuberculosis; neither have I undergone any operation or hospitalization during the past five (5) years.

EXCEPTIONS: \_\_\_\_\_

I hereby agree that the above questions and answers shall be considered in lieu of a medical examination as part of my application for insurance. I hereby declare that all the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief. I hereby agree that if there be any misinterpretation in the above statement material to the risk, United Coconut Planters Life Assurance Corporation (COCOLIFE) shall have the right to reject and declare such insurance null and void.

"Disclosure: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all Life Insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at [www.insurance.gov.ph](http://www.insurance.gov.ph)."

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
Company's Authorized Signatory

\_\_\_\_\_  
Signature of Applicant