

APPLICATION FOR AMENDMENT OF INSURANCE POLICY

Pacific Cross Insurance, Inc.  
8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines



Policy No.:		Date of Last Renewal (mm/dd/yyyy):	
Principal Insured First Name:			
Principal Insured Middle Name:			
Principal Insured Last Name:			
Name of Policyholder/Principal Insured Person:			

TYPE OF CHANGE: (You may use a separate sheet if needed.)

<input type="checkbox"/> Upgrading of Plan/Benefit	From:		To:	
<input type="checkbox"/> Downgrading of Plan/Benefit	From:		To:	
<input type="checkbox"/> Inclusion of New Dependent/s (Please fill out an application form.)	Name of New Dependent/s:			
<input type="checkbox"/> Deletion of Dependent/s	Name of Dependent/s:		Effective Date (mm/dd/yyyy):	
<input type="checkbox"/> Others (Please specify.)				

I hereby apply for the change in my Policy as specified above.  
I understand that the change shall take effect only upon payment of the required premium, whenever applicable, and upon prior approval of such change by Pacific Cross at its Head Office.

I hereby represent and declare to the best of my knowledge, since the Company’s approval of my application form and acceptance of my first premium payment under this medical insurance coverage, also referred to as the initial enrollment date, that:

- a. I am in good health and in good physical condition;
- b. I have not consulted a physician or practitioner for medical attention or surgical advice and treatment, and have not been confined in a hospital, sanatorium or infirmary at any time for any cause for the last five (5) years;
- c. I have not applied for insurance which has been declined, postponed or modified in coverage, rider or premium.

(If there is any exception to the above statement, kindly state full details below. You may use the back portion of this form, if necessary.)

EXCEPTIONS:	
-------------	--

In upgrading my plan, I also understand that the following provisions shall apply:

- 1) **Benefit Limit Upgrade:** If the Eligible Benefits to any Insured Person under the terms of the Policy are increased while it is in force at the time of Policy Renewal, the following provisions shall apply:
- a.) On the first 12 months of coverage from Policy Renewal:
    - i. The Maximum Benefit Limit payable for the Disabilities that the Insured Person is afflicted with or had claimed prior to such Policy Renewal when benefits were increased shall not exceed the Maximum Benefit Limit previously available.
    - ii. The inner limits of the new plan shall apply except for benefits with Lifetime Limits as stated in the Schedule of Benefit.
    - iii. The Lifetime Limit payable for such benefit shall be the accumulated amount that the Insured Person had claimed any time prior to such Policy Renewal and shall not exceed the Lifetime Limit previously available.
  - b.) After the first 12 months of coverage from Policy Renewal:
    - i. The Maximum Benefit Limit and inner limits payable for Disabilities incurred during and after the Policy renewal shall be the increased Maximum Benefit Limit and inner limits.
    - ii. If the Maximum Benefit Limits of the old plan and new plan are both in per disability per lifetime, then any claim incurred and paid by the Company for such Disability prior to and during the first 12 months from such time of increase shall be deducted from the new Maximum Benefit Limit.
    - iii. If the old Maximum Benefit Limit is per disability per lifetime and the new Maximum Benefit Limit is per combination of disabilities per year (aggregate), then any claim incurred and paid by the Company for such Disability prior to and during the first 12 months from such time of increase shall not be deducted from the new Maximum Benefit Limit. The Insured Person shall be entitled to the full amount of coverage based on the new Maximum Benefit Limit.

**2) Deletion of the Treatment Area Limitation Upon Blue Royale Policy Renewal:** If the Treatment Area Limitation discount option is deleted upon Policy Renewal, the following provisions shall be applicable:

- a.) During the first 12 months of coverage from Policy Renewal, any In-Patient/Hospitalization Benefit as stated in Schedule 3 of the Policy including 90 days post-hospitalization follow-up care will not be covered if:
  - i. The claim is related to a Disability that the Insured Person is afflicted with or had claimed any time prior to such Policy Renewal when the Treatment Area Limitation discount option was deleted; and
  - ii. The medical availment is incurred in the following countries:  
Canada; United States of America, its dependent territories and the Caribbean Islands; Japan; People’s Republic of China, Hong Kong and Singapore.
- b.) After the first 12 months of coverage from Policy Renewal when the Treatment Area Limitation discount option is deleted, Disability that the Insured Person is afflicted with or had claimed any time prior this Policy Renewal may be covered even if incurred in the countries stated above unless a Treatment Area Limitation discount option is selected for the current Policy renewal.

Any previously excluded Disability shall remain to be excluded unless accepted by the Company for coverage with additional premium.

The Company may require a declaration of health or medical report at the time of application for increase of benefits, and, in its absolute discretion, may accept or decline such application for increase of benefits.

I declare that I have read all particulars stated on this form and I hereby represent and confirm that the statements, answers and details indicated herein are true, complete and correct, were written by me or by someone else upon my expressed instructions and shall be binding on me. I agree that if no exception is listed in the blank space provided for such exception, it shall have the same force and effect as if the word “NONE” was written therein.

I understand that failure to declare truthfully, or concealment, or misrepresentation of any significant condition in this declaration will result in the voiding of all the applicable Insured’s benefits under the plan.

I agree that said change/s in my Policy shall not be considered in effect until all other requirements for such change are fully satisfied. I further agree that, prior to the approval of such change, any payment made or to be made shall only be considered as a deposit, which shall be refunded to me upon notice of cancellation, non-acceptance or disapproval.

I further agree that the change in my Policy is conditioned on the truthfulness of the above statements.

**DATA PRIVACY CONSENT:** I understand that Pacific Cross collects and uses my personal data to service and administer my insurance policy, to provide appropriate and timely medical services, and for the purposes provided in the Pacific Cross Privacy Statement attached to this application form (also available at [www.pacificcross.com.ph](http://www.pacificcross.com.ph)). By signing this application form, I acknowledge that I have read and agree to the terms of the Privacy Statement, and understand that my data may be collected, shared, disclosed, transferred, used or otherwise processed by Pacific Cross in accordance with the Data Privacy Act of 2012, its implementing rules and regulations, and the Privacy Statement. Nothing in this form is intended to revoke or supersede any prior consent that I have given to Pacific Cross in respect of the processing activities involving my personal data.

Signed at:		Date (mm/dd/yyyy):	
------------	--	--------------------	--

Name of Insured:	
------------------	--

Signature of Insured:	
-----------------------	--

Name of Witness:	
------------------	--

Signature of Witness:	
-----------------------	--

If Insured is minor, name of parent or guardian:	
--	--

Signature of parent or guardian:	
----------------------------------	--

## CONTACT US

---



### HEAD OFFICE

2nd Floor (Client & Partner Center), 8th Floor (Sales Center)  
and 18th Floor (Operations & Executive Center),  
8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines  
Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8230-8570  
E-mail: [info@pacificcross.com.ph](mailto:info@pacificcross.com.ph)

### PROVINCIAL BRANCHES

#### CEBU

Unit 1 Mercedes Benz Tower, Mindanao Avenue, Cebu Business Park, Cebu City  
Tel. Nos.: +63 32 233-5812, +63 32 233-5816  
E-mail: [cebu@pacificcross.com.ph](mailto:cebu@pacificcross.com.ph)

#### CLARK

2nd Floor, Room 217, The Medical City Clark, 100 Gatwick Gateway,  
Clark Global City, Clark Freeport Zone, Pampanga, 2023, Philippines  
Mobile No.: +63 914 894-9211  
E-mail: [clark@pacificcross.com.ph](mailto:clark@pacificcross.com.ph)

#### DAVAO

2nd Floor, Left Wing, Door No. 6, Matina Town Square, Mac Arthur Highway,  
Matina, Davao City, Philippines  
Tel. No.: +63 82 297-7314 Telefax: +63 82 297-7151  
E-mail: [davao@pacificcross.com.ph](mailto:davao@pacificcross.com.ph)

Pacific Cross remains **#HereForYou** in several provincial locations.  
For the complete details of our Agency Offices, please visit [www.pacificcross.com.ph](http://www.pacificcross.com.ph)

You may request additional copies of this application form from our Medical Sales Representatives.  
Application forms are also available on our website for download.