

DECLARATION OF INSURABILITY

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



First Name of Client/Principal Insured:					
Middle Name of Client/Principal Insured:					
Last Name of Client/Principal Insured:					
Name of Insured/s:	First Name	Middle Name		Last Name	
Payment Amount:		Payment Date:		Official Receipt No.:	

Since the date of the original application, the Proposed Insured, or if more than one, each of the Proposed Insured:

- a. has continued to be in good health and good physical condition;
- b. has not applied for a medical plan which has been declined, postponed or modified in coverage, rider or premium;
- c. has no other application for any medical plan now pending in other company;
- d. has not consulted or been examined by a physician or medical or paramedical practitioner for medical attention or surgical advice and treatment and has not been confined in a hospital, sanitarium or infirmary at any time for any cause;
- e. his/her insurability for medical insurance has not been changed by any event or circumstances

(If there is any exception to the above statements, kindly state the name of the particular name of Proposed Insured, if more than one, and the full details of the exceptions below. You may use the back portion of this form, if necessary.)

EXCEPTIONS:	
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I declare that I have read all particulars stated on all pages of 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.
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I further agree that the original application form with the answers and details written therein remains to be part of the requirement for the issuance of the Policy subject of this declaration, and that the above changes shall be an amendment to and form part of the original application and of the Policy to be issued thereafter, if any, and that they shall be binding on any person who shall have or claim any interest under such Policy.

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 (available at www.pacificcross.com.ph). By signing this 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):	
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Name of Principal/Applicant:	
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Signature of Principal/Applicant:	
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Name of Spouse:	
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Signature of Spouse:	
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If Member is minor, name of Principal – Applicant – payor (e.g., parent or guardian):	
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Signature of Principal – Applicant – payor:	
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Name of other Insured (if 18 years old and above):	
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Signature of other Insured:	
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Name of Account Executive/Broker/Agent:	
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Signature of Account Executive/Broker/Agent:	
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Note: This Declaration of Insurability is required for any application which has remained unpaid for more than 45 days but less than three (3) months from the date of completion and signature. Acceptance of coverage shall be subject to receipt of complete payment and the duly filled-out, signed and dated Declaration of Insurability within the said period. Submission of new application form is required if payment has not been made on the original application for more than three (3) months from date of completion and signature of such application.

CONTACT US



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DAVAO

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Pacific Cross remains **#HereForYou** in several provincial locations.
For the complete details of our Agency Offices, please visit 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.