

# CLIENT INFORMATION UPDATE FORM



**Dear Valued Client,**

We are currently updating our database in order to serve you better. Kindly fill out the form inside and return to us through any of the following ways:

- a. You may send it back to us through Fax No. +63 2 8325-0638. Kindly address your fax to our Customer Services Department.
- b. If you are under an agent or a broker, you may give the filled out form to them. Pacific Cross will retrieve your reply from the corresponding agent or broker.
- c. You may type out and e-mail your answers to [client\\_services@pacificcross.com.ph](mailto:client_services@pacificcross.com.ph).
- d. You may also mail the filled-out form to: Pacific Cross Center c/o Customer Services, 8th Floor, 8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines
- e. Or you may simply contact any of our Member Care Officers at Tel. No. +63 2 8230-8511 to advise us of any changes in your contact information.



<b>Policy Number:</b>	
<b>Name</b> <i>(First, Middle, Last):</i> From: _____ To: _____	
<b>Date of Birth</b> <i>(mm/dd/yyyy):</i> From: _____ To: _____ <i>(Please attach the birth certificate.)</i>	
<b>Civil Status:</b> From: _____ To: _____ <i>(Please attach the Marriage Contract, if married or annulment documents, if annulled.)</i>	
<b>Correct Gender from _____ to _____ .</b>	
<b>Billing Address</b> <i>(Number, Street, Block, Subdivision, City, Zip Code, Province):</i> From: _____ _____ To: _____ _____ <b>Note:</b> Address outside the Philippines is not allowed.	
<b>Home Tel. No.:</b>	From: _____ To: _____
<b>Office Tel. No.:</b>	From: _____ To: _____
<b>Fax No.:</b>	From: _____ To: _____
<b>Mobile No.:</b>	From: _____ To: _____
<b>E-mail Address:</b>	From: _____ To: _____
<b>Name of Office/Business:</b> From: _____ To: _____	
<b>Office Address</b> <i>(Number, Street, Block, Subdivision, City, Zip Code, Province):</i> From: _____ _____ To: _____ _____	
<b>Are there any other changes/updates that you would like to make?</b> From: _____ _____ To: _____ _____	

From: \_\_\_\_\_

To: \_\_\_\_\_

**Note:** For change of personal information, please provide a proof of identification.

**Change of Signature:**

*If signature differs between Pacific Cross file and documents submitted, please complete this form. This is to certify that I am the same person who signed in the policy contract. I hereby confirm that the declarations and information therein were given by me, and I certify that they are true and complete to the best of my knowledge. Finally, the signature appearing on all the forms and valid ID/s are my customary signatures and for which reason I have signed both with my customary signatures as follows.*

**Are there any additional persons insured under your Pacific Cross Medical Insurance Plan?**

☐ Yes (How many? \_\_\_\_\_. Please attach the application form.)

☐ I am retaining my present beneficiary. (Please state the complete name of the current beneficiary: \_\_\_\_\_ )

☐ I am changing my beneficiary from \_\_\_\_\_ to \_\_\_\_\_

(Please provide the details of the beneficiary below. If space is insufficient, please use additional copies of this form.)

☐ None

**Name of Beneficiary (First, Middle, Last):**

**Relationship to the Applicant:**

**Date of Birth (mm/dd/yyyy):**

\_\_\_\_\_  
(Please attach the birth certificate.)

**Place of Birth:**

**Contact No.:**

**Gender:**    ☐ Female        ☐ Male

☐ TIN        ☐ SSS        ☐ GSIS        ☐ Passport

☐ Others (Please specify.) \_\_\_\_\_

**ID No.:**

*Please designate a Beneficiary under the law on succession. Otherwise, kindly submit a legally acceptable affidavit prior Policy issuance (e.g., joint affidavit of common law partnership stating the single status of both Insured and Beneficiary).*

**For payment processing, please indicate your preferred mode of payment for approved claims:**

<input type="checkbox"/> <b>DIRECT CREDIT TO MY NOMINATED BANK ACCOUNT</b>		
<input type="checkbox"/> BDO	<input type="checkbox"/> Metrobank	<input type="checkbox"/> BPI
<input type="checkbox"/> EastWest	<input type="checkbox"/> UnionBank	
<input type="checkbox"/> Other Banks		
Bank and Branch of Account:		
Bank Address:		
Account Name:		
Account No.:		
Account Type: <input type="checkbox"/> S/A <input type="checkbox"/> C/A		
SWIFT Code		
Account Holder's Address:		
<b>For Blue Royale Policies, please indicate preferred currency of transfer:</b>		
<input type="checkbox"/> Peso <input type="checkbox"/> Dollar <i>(for those with USD Bank Accounts only)</i>		
Bank and Branch of Account:		
Bank Address:		
Account Name:		
Account No:		
Account Type: <input type="checkbox"/> S/A <input type="checkbox"/> C/A		
SWIFT Code:		
Account Holder's Address:		
<b>Notes:</b>		
<ol style="list-style-type: none"><li>1. Whenever applicable, cost of interbranch crediting will be deducted from the approved claim amount.</li><li>2. In some cases, nominated banks may deduct fees from the approved claim amount.</li><li>3. A processing fee of PHP100.00 will be deducted from your claim resulting from the incorrect information provided by claimant.</li></ol>		
<input type="checkbox"/> <b>GCASH</b>		
<input type="checkbox"/> If you already have a GCash Mastercard registered to Pacific Cross, please provide the following details: Account Name: _____ Account Number: _____		
<input type="checkbox"/> If you do not have a GCash Card registered to Pacific Cross yet, please fill out a GCash Registration Form. You may request a copy from our Customer Service Team, or download it to from our website.		

**Note:**

Pacific Cross will follow the preferred mode of reimbursement as indicated in this Client Information Update Form, unless it is revised or superseded by doing any of the following:

- a) Submitting a revised Client Information Update Form
- b) Submitting a claim and indicating a different preferred mode of reimbursement on the Medical Notification of Claim (NOC) Form.

**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](http://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.

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Signature over Printed Name

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Date

Should you have any concerns or questions, please do not hesitate to get in touch with our Member Care Officers through telephone number +63 2 8230-8511. Thank you for your continued support and cooperation.

**For Internal use:**

Received by: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

**For further details, please get in touch with:**

**HEAD OFFICE**

2<sup>nd</sup> Floor (Client & Partner Center),  
8<sup>th</sup> Floor (Sales & Customer Service Center)  
and 18<sup>th</sup> Floor (Operations & Executive Center),  
8 Rockwell Building, Hidalgo Drive, Makati City,  
Metro Manila, Philippines

Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8325-0638

E-mail: [info@pacificcross.com.ph](mailto:info@pacificcross.com.ph)

**CEBU**

Units 201-202, Avagar Building, No. 09 Escario  
corner Molave Streets, Lahug, Cebu City, Philippines

Tel. Nos.: +63 32 233-5812, +63 32 233-5816,  
+63 32 416-4468

Fax No.: +63 32 233-5814

E-mail: [cebu@pacificcross.com.ph](mailto:cebu@pacificcross.com.ph)

**CLARK**

2<sup>nd</sup> Floor, Room 217 The Medical City Clark,  
100 Gatwick Gateway, Clark Global City,  
Clark Freeport Zone, Pampanga

Mobile No.: +63 914 894-9211

E-mail: [clark@pacificcross.com.ph](mailto:clark@pacificcross.com.ph)

**DAVAO**

2<sup>nd</sup> 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)

**We also have Agency Offices in:**

**Luzon:** Cavite | Laguna | Makati | Manila | Naga |  
Pampanga | Pasig | Taguig

**VisMin:** Bacolod | Bohol | Butuan | Cagayan de Oro |  
Dumaguete | General Santos

For more details on Pacific Cross products and services,  
please visit [www.pacificcross.com.ph](http://www.pacificcross.com.ph).

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