

HEALTH STATEMENT

Name of Policyowner				Policy Number					
Name of Insured (if different from Policyowner)				Date of Birth of Insured					
PLEASE ANSWER THE FOLLOWING QUESTIONS:				Insured		Owner		DETAILS	
				Yes	No	Yes	No	In answer to Question 1a, b & c, give date/s symptoms, diagnosis, duration, treatment, results, Physician &/or hospital's name.	
1. Since the date of your last application for insurance, reinstatement, or modification of any policy:									
a. Have you had any illness, disease, injury or any abnormal bodily growth?									
b. Have you consulted, been treated or operated on by any physician?									
c. Have you been confined in a clinic, hospital or institution?									
d. Have you applied for a new insurance, change in plan or reinstatement of insurance which was declined, postponed, withdrawn or insured at a rate, plan, or amount that is not standard? If "yes", what insurance company?									
e. Has there been any change in your occupation or place of work? If "yes", what is your present occupation or place of work?									
f. Has there been any death or illness among immediate members of your family?									
g. Have you driven a motorcycle or engaged in auto or motorboat racing, sky diving, scuba diving, or other hazardous avocation?									
h. Have you taken any habit-forming substances on drugs or alcoholic drinks?									
i. Have you smoked cigarettes, cigar, or any other form of tobacco? If "yes", indicate date and duration, how many per day and when was the last time you smoked cigarettes, cigars or other form of tobacco?									
j. Have you been active in politics, as a candidate or in any other capacity?									
k. Has there been any change in your address? If "yes", what is your present address?									
(IF ANSWER IS "YES", TO ANY OF THE ABOVE, GIVE FULL DETAILS).									
2. Are you now in good health? If "no", give details or state current health status.									
3. If you are a female applicant, are you now pregnant. If "yes", how many months? How many previous pregnancies?									
4. What is your present height and weight?		INSURED	Height (ft.in.)	Height (cm.)		OWNER	Height (ft.in.)	Height (cm.)	
			Weight (lbs.)	Weight (kgs.)			Weight (lbs.)	Weight (kgs.)	

I/We hereby agree that:

1. The company, within 2 years from approval of this application, can declare the reinstatement, amendment, or issuance of this policy as null and void if there's any falsity or incompleteness in the answers contained herein;
2. That the payment herein made shall not be binding unless and until this application is actually approved by the Company during the lifetime and good health of insured (and owner, if applicable); and prior to this approval, the company shall not be liable for any loss which occurs before the requirements for this application are fully fulfilled;
3. Art. 1250 of the New Civil Code shall not be applicable to the payments made herein;
4. The agent cannot waive any conditions stated herein.
5. In case of suicide by the Insured within the first two (2) years from the date of its latest reinstatement, the then pertinent provisions of the Insurance Code, as amended will apply.

IMPORTANT REMINDER: Please don't forget to read through & sign the **Medical Information Disclosure and the Data Privacy Act Consent Statements** written on the reverse side of this page.

MEDICAL INFORMATION 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 2016-54 may be accessed at the Insurance Commission’s website at www.insurance.gov.ph

FRAUD WARNING

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

DATA PRIVACY CONSENT STATEMENTS

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any information provided or representation made, (b) to provide, facilitate, monitor and improve the quality of services offered or may be offered by PLGIC, (c) for customer/client profiling, and (d) for marketing purposes. I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, and storage by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my availment of PLGIC’s products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of the personal data which may be inaccurate or incorrect.

I understand and agree that the consent hereby given may be revoked or withdrawn through formal written notice to PLGIC.

Signed at _____ this _____ day of _____, 20 _____

Signature of Policyowner/Applicant

Signature of Insured
(if different from Policyowner and not a minor)