

# Group Insurance Data Form



Please PRINT clearly.  
Use BLACK ink.

In the Philippines, life insurance products are provided by Sun Life of Canada (Philippines), Inc., a member of Sun Life Financial group of companies.

## 1 General Information

### 1.1 Company Information

Company Name		
Business Address (building, no., street, municipality)		
City/Province	Country	Zip Code
Business Phone	Facsimile No.	Web Site (URL)
Exact Nature of Business	No. of Years in Business	Total No. of Employees
Contact Person	Designation	E-mail Address

### 1.2 Affiliates and Subsidiaries

Are there affiliates or subsidiaries to be included in the group plan? .....  Yes  No

Name of Affiliates/Subsidiaries	Exact Nature of Business	Estimated No. of Employees

If the space provided is insufficient for names of affiliates/subsidiaries and branch locations, please use a separate sheet and attach it to this form.

Branch Location	Estimated No. of Employees

Please list all locations of branches or operating areas other than the main office.

## 2 Employee Information

Are all positions of clerical, managerial, or administrative in nature? .....  Yes  No  
If *no*, enumerate jobs/positions outside of the above clarification.

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### Type of Employment:

- Are all employees hired on a full time regular basis? .....  Yes  No
- Are the contractual employees included in the list covered under group plan? .....  Yes  No

### 3 Other Insurance Policies

Does the company have an existing Group Life Plan ? .....  Yes  No  
 If yes, who is the present carrier? \_\_\_\_\_

Type	<input type="checkbox"/> Basic Life only	<input type="checkbox"/> With ADD&D	<input type="checkbox"/> With Disability Rider	<input type="checkbox"/> Personal Accident
	<input type="checkbox"/> Personal Accident with Medical Reimbursement	<input type="checkbox"/> Others (Pls specify)		
Renewal/Anniversary Date of existing policy (day/month/year)	How long have they been with this insurance company?			

Claims experience for the past three years (number of deaths, cause, amount of insurance, if nay)

If the space provided is insufficient, please use separate sheet and attach to the application.

### 4 Policy Information

ADD&D and PA rider may not be availed simultaneously under one policy

Different modes of payment are applicable to GYRT plan only. Personal Accident (Stand Alone policy) is paid in an annual basis.

Requested Plan <input type="checkbox"/> GYRT/Life Plus	Who will pay the full cost of the plan? <input type="checkbox"/> 100% will be paid by the employer <input type="checkbox"/> shared by employer and employees
Riders: <input type="checkbox"/> ADD&D <input type="checkbox"/> Personal Accident only <input type="checkbox"/> TPDI <input type="checkbox"/> Personal Reimbursement with Medical Reimbursement	Mode of payment <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly
<input type="checkbox"/> Personal Accident (Stand Alone Policy) Riders: <input type="checkbox"/> Medical Reimbursement <input type="checkbox"/> Burial Benefit	Will the company provide insurance benefit? <input type="checkbox"/> Immediately upon hiring <input type="checkbox"/> After completion of a number of months <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Others (Please specify)

### 5 Schedule of Benefits

Please provide the complete list of class/position of your company. If the space provided is insufficient, please use separate sheet and attach to the application.

Class/Position	Amount of Insurance

**Important Notice:** The proposal will not be processed unless the complete list of employees to be insured is submitted. The list should have the following information: Name, Date of Birth or Age, Sex, Date employed if the schedule of benefits is based on the years of service or requested plan is with retirement rider (EARN), and Position Title/Class if the schedule of benefits is by position classification.

### 6 Signatures

Signature of Agent <b>X</b>		Printed Name of Agent	
Agent Code	New Business Office	Date (day/month/year)	

### 7 For Company Use Only