

Individual's Application for Group Insurance



Please PRINT clearly.
Use BLACK ink.

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

In this application, *you* and *your* refer to the person being insured, the Individual, while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada, (Philippines), Inc.

1 General Information

Relating to Individual

Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Others, specify
First Name		<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Middle Name		Birthdate (day/month/year)		Age (last birthday)
Other Legal Names (a.k.a.)		Type of Group Insurance Applied For <input type="checkbox"/> Term Life <input type="checkbox"/> Personal Accident		
Residence Address (no., street, municipality)				
City	Province	Country	Zip code	
Occupation				
Name of Employer			Date of Membership (day/month/year)	
Business Address (no., street, municipality)				
City	Province	Country	Zip code	
Home Phone	Business Phone	Cell Phone	E-mail Address	

Please provide complete address; do not use P.O. box.

Please indicate beside each named beneficiary if revocable or irrevocable.

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

Beneficiary

Primary Beneficiary/ies for proceeds as they become due on death

Name (First Name, MI, Last Name) Date of Birth (day/month/year) Relationship to Individual

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Contingent Beneficiary/ies in event of death of all primary beneficiaries

Name (First Name, MI, Last Name) Date of Birth (day/month/year) Relationship to Individual

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2 Signatures

By signing below, you hereby agree that your insurance will become effective in accordance with the terms of the plan as outlined in the Group Policy provided that you are Actively-At-Work on such date and the premium corresponding to your insurance coverage has been paid.

Signature of Individual X	Printed Name
Signature of Witness X	Printed Name
Place of Signing	Date of Signing (day/month/year)

3 For Company Use Only

Policy No.	Certificate No.	Effective Date