

## For official use only

Date received	Time a.m./p.m.	Documents attached <input type="checkbox"/> Policy Contract <input type="checkbox"/> Health Statement <input type="checkbox"/> Others _____	Received by/Department
Release method: <input type="checkbox"/> For pick-up <input type="checkbox"/> By mail	Agent		Receipt no./Date

## General information

### Details of Life Insured

Last name	First name	Middle name	Policy number
Place of birth	Date of birth (mm/dd/yy)	Age from last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	For aliens, please specify Alien Certificate of Registration number		
TIN	SSS/GSIS no.	Other IDs - details	
Occupation: (Give exact designation; if member of AFP/PNP, state rank.)		Sources of funds	
Employer		Nature of business	
Present address			
Permanent address			
Telephone no.	Mobile phone no.	Email address	

### Details of Policyowner

Last name	First name	Middle name	
Place of birth	Date of birth (mm/dd/yy)	Age from last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	For aliens, please specify Alien Certificate of Registration number		
TIN	SSS/GSIS no.	Other IDs - details	
Occupation: (Give exact designation; if member of AFP/PNP, state rank.)		Sources of funds	
Employer		Nature of business	
Present address			
Permanent address			
Telephone no.	Mobile phone no.	Email address	

## Changes

Add	<input type="checkbox"/> Multiple Life Care Plus Sum Assured: _____	<input type="checkbox"/> Life Care Advance Plus Sum Assured: _____
Mode of payment	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly   PhP/USD: _____	
Effective date		

### Declaration of Insurability for Policies issued within 12 months

<p>I declare that since the date of completion of the application for my original Policy issued on _____ with Policy Number _____ with PRU LIFE INSURANCE CORPORATION OF U.K. (the "Company"):</p> <p>(a) there has been no change in my/the Proposed Insured's condition of health;</p> <p>(b) I/the Proposed Insured have not sought/received any medical advice or attention, consultation or examination or treatment whatsoever;</p> <p>(c) I/the Proposed Insured have no signs and symptoms that would cause me/the Proposed Insured to seek any medical treatments and consultations in the foreseeable future;</p> <p>(d) I/the Proposed Insured have not made an application for insurance which has been rated up, declined, postponed, modified, issued with exclusions or issued under special conditions;</p> <p>(e) I/the Proposed Insured have no other application for insurance pending in any other company at the present time; and</p> <p>(f) my/the Proposed Insured's insurability as a life insurance risk has not been changed by any event or circumstance.</p> <p>I understand that the Company relies on the information in my said application for my original Policy and the declaration in this form as the basis for the acceptance of this amendment in my Policy</p>	If there are any exceptions to any of the statements in the Declaration of Insurability, give full details on the space provided:
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### Declaration of Insurability for Policies issued within 13-24 months

Questions	Life Insured	Details if answer is yes
1. During the last three (3) years, have you ever been hospitalized or consulted a medical practitioner for any medical condition that required medical treatment for over fourteen (14) consecutive days, or are you intending to do so, or have you had or been advised to have any operation, test or treatment?  <small>* Consultations, tests or treatment for the following conditions can be ignored: common cold, fever or flu; uncomplicated pregnancy or caesarean sections; contraception, inoculations, minor joint or muscle injuries or uncomplicated bone fractures from which you have fully recovered.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever had or been told that you have, or have been treated for cancer (including carcinoma-in-situ), growth or tumor of any kind, diabetes, high blood pressure, chest pain, stroke, heart diseases, blood disorder, respiratory diseases, kidney diseases, bowel diseases, hepatitis or liver diseases, nervous or mental disorders, spinal disorders, muscular or joint disorders, acute immunodeficiency syndrome or human immunodeficiency virus-related conditions or any other serious illness or impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has your proposal, renewal or reinstatement for life, disability, accidental, critical illness or health insurance made to any other company ever been declined, deferred or accepted at special rates or terms? Or have you ever made a claim for any benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have any of your parents, brothers, or sisters, whether living or dead, ever suffered from cancer (including carcinoma-in-situ), heart problem (include murmur), stroke, diabetes, renal failure, liver disease or any other hereditary disease such as polycystic kidney disease, Huntington's disease, muscular dystrophy, cystic fibrosis, familial adenomatous polyposis, etc. before age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have any other application for insurance pending in any other company at the present time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has your insurability as a life insurance risk been changed by any event or circumstance since the date of completion of the application for your original Policy issued on _____ with Policy Number _____ with PRU LIFE INSURANCE CORPORATION OF U.K.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

We declare that the above statements are true and complete and that all exceptions have been stated. The Policyowner further agrees that the above changes shall be an amendment to and form a part of the original application and of the Policy issued thereunder, and that they shall be binding on any person who shall have or claim any interest under such Policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature over printed name of AGENT/WITNESS	Code
X	
Signature over printed name of LIFE INSURED	Signature over printed name of POLICYOWNER
X	X

**PRU LIFE INSURANCE CORPORATION OF U.K.**

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Customer helpdesk: (632) 887 LIFE within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Email: [contact.us@prulifeuk.com.ph](mailto:contact.us@prulifeuk.com.ph) Website: [www.prulifeuk.com.ph](http://www.prulifeuk.com.ph)

## Authorization to Furnish Medical Information

The form below should be signed.

<p>The Life Insured and any Payor/Owner authorizes PRU LIFE INSURANCE CORPORATION OF U.K. to obtain medical information from hospitals, medical facilities and physicians. PRU LIFE INSURANCE CORPORATION OF U.K. is also authorized to convey relevant information contained in the application documents to the reinsurer and to other insurers, as well as to receive from them or from third parties information relevant to assessing the risk. A photocopy of this authorization shall be valid as the original.</p>	
<p>Signature over printed name of LIFE INSURED</p> <p>X</p>	<p>Signature over printed name of PAYOR/OWNER</p> <p>X</p>
	<p>Signature over printed name of AGENT or WITNESS</p> <p>X</p>