Insular Life

The Insular Life Assurance Co., Ltd. Insular Life Corporate Centre
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REGULAR-PAY WEALTH SERIES APPLICATION FOR INCREASE/DECREASE IN SUM INSURED

Policy No:

1. INSURED

Prefix	Given Name	Surname	Suffix	Suffix Title

Occupation Details:

Occupation/Position:____Employer/Company Name:____

Describe nature of business: ____

Describe nature of work: ____

If OFW (please check) ☐ Seabased ☐ Landbased: Country of work____

2. POLICY OWNER

Prefix	Given Name	Surname	Suffix	Suffix Title

3. INCREASE/DECREASE SUM INSURED

From PhP	To PhP

4. For Policy Owner, average monthly Income from Employment/Businesses/Investments. ₱_________________________

5. UNDERWRITING INFORMATION (for Increase in Sum Insured)

1. Average Monthly Income from Employment/Businesses/Investments. ₱_________________________
2. Have any of your Parents and/or siblings been diagnosed of any illness or medical condition/s? ☐ YES ☐ NO. If Yes, please give details on space provided

Complete Name of Family Member	Relationship to Insured	Relationship to Policy owner	Condition/Illness	Estimated Age at onset of Illness	Age and cause of Death (if applicable)

Question	Answer
3. Build : Insured: Height: _____ cm or ___ ft ____ in Weight: _____ kgs or ______ lbs	
4. Have you ever sought consultation or advice for health or medical reasons or been treated or confined in a hospital, sanitarium or similar institution?	☐ YES ☐ NO
5. Have you ever been told you had: cancer or growth of any kind, diabetes, epilepsy, heart trouble, high blood pressure, tuberculosis, kidney disorder, mental/neurologic disorder or HIV-AIDS? If YES, please specify the ailment/impairment. _____________________________________	☐ YES ☐ NO
6. Have you made any application for life, accident or sickness insurance or for reinstatement thereof which has been declined, postponed or modified in kind, amount or rate? If YES, please specify details. ________________________	☐ YES ☐ NO
7. Do you have other pending insurance applications with any other Company?	☐ YES ☐ NO
8. Have you ever engaged in or do you intend to engage in any car/motorcycle/motorboat racing, sky/scuba diving, and any other hazardous activities/sports/hobbies or make aerial flights as a pilot or crew member?	☐ YES ☐ NO
9. Do you intend to change residence or work abroad within the next 12 months?	☐ YES ☐ NO

DETAILS OF "Yes" ANSWERS (*Please identify question number and include dates, diagnosis, duration of illness, results of treatment or tests done, and name and addresses of all Attending Physicians and medical facilities. Use separate sheet, if necessary.*)

I/WE HEREBY DECLARE AND AGREE THAT:

1. Each of the foregoing statements written is true and correct and that I/we have fully stated all exceptions to each of the statements. I/We agree that if no exceptions are listed in the blank space provided for such exceptions, it shall have the same force and effect as if the word "NONE" were written therein.
2. For increase in sum insured, the insured must not have attained the maximum age indicated in the contract upon approval of this application.
3. The insured must submit to Insular Life satisfactory evidence of insurability at my/our own expense.
4. The new sum insured will be effective on the next monthly policy anniversary date after this application is approved by Insular Life. If the new sum insured is approved under non-standard terms, the effective date will be the next monthly policy anniversary date after Insular Life receives my/our acceptance of the rating.
5. If the increase in sum insured is the result of an increase in regular premium, the increased sum insured will be effective on the next premium due date after this application is approved or the next premium due date after my/our acceptance of the non-standard terms is received by Insular Life.
6. The reduced sum insured must not be less than the minimum coverage indicated in the contract.
7. The regular premium remains the same unless an Application for Increase/Decrease in Regular Premium is submitted at the same time.
8. The insurance charges increase/decrease with the increase/decrease in sum insured. If the increase in sum insured also applies to the supplementary contracts, the charges for these supplementary contracts will also increase.
9. The increase/decrease in sum insured can be done once every policy year or subject to the guidelines set by the Company at the time of this application.
10. The increase in sum insured will be subject to the Incontestability and Suicide provisions of the Policy.

Signed this ______________ day of _________________________, ____________ at _________________________

POLICY OWNER	**IRREVOCABLE BENEFICIARY**	**WITNESS/AGENT**	**ASSIGNEE/S**
Printed Name and Signature	Printed Name and Signature	Printed Name and Signature	Printed Name and Signature

FOR HOME/FIELD OFFICE USE ONLY

Effective Date of New Sum Insured: ___________________

RECEIVED BY:__________________________________**Office:**____________________________**Date:**_________________**Secrets Number:**______________
Printed Name and Signature

Approved by: ______________________________________ **Office:** ____**Date:**______________________
Printed Name and Signature

HOME OFFICE ENDORSEMENT:

Do not detach this

No. ____________________

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

In connection with my application for a life insurance policy with The Insular Life Assurance Co., Ltd. ("Insular Life") or with any matter relating to that insurance policy, if issued, I hereby authorize and request you or any physician, surgeon, hospital, clinic, insurance company, or other organizations to give Insular Life or its authorized representative, any and all information regarding my health, sickness or disease, injury, medical history, including any all records of my hospitalization, consultation, diagnosis, treatments which you/they may have acquired in attending to me in your/their professional capacity. A photocopy of this authorization shall be valid as the original.

____
Printed Name and Signature of Policy Owner

____
Printed Name and Signature of the Insured