The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph I Website: www.insularlife.com.ph
Tel.: (632) 8-582-1818 I VAT REG. TIN 000-464-124-000

Application for Addition of Rider
(For Non-VUL Policies)

Note: This form is applicable to multiple policies with same transaction.

Policy No.s/: _____

Name of Policy Owner: _____ Name of Insured:_____

I hereby apply for the addition of:

- ☐ Waiver of Premium Benefit Rider
- ☐ Accidental Death Benefit Rider
- ☐ Special Accident Rider
- ☐ Special Accident Rider with Disability Indemnity
- ☐ Others: _____

to supplement and form part of my life insurance policy/ies, and hereby make the following statements:

1. (a) Present occupation: State in detail the nature of your duties	(a)
(b) Company/Office where employed	(b)
(c) Address of Company/Office where employed	(c)
(d) Since when have you been so engaged?	(d)
(e) What was your former occupation?	(e)
2. Have you ever proposed to insure against Accident or Sickness? If so, give name of Company/ies	
3. (a) Are you now insured or proposing to insure Accident or Sickness? If so, in what Company/ies?	(a)
(b) Is this Proposal for additional insurance against Accident?	(b)
4. Have you ever been declined or accepted on special terms for Life, Accident or Sickness Insurance, or has any Company ever cancelled or refused to renew your Policy, or desired to amend the conditions or benefits? If so, what Company/ies and when?	
5. (a) Have you ever received compensation or payment of benefits out of any accident or health insurance you had taken? If so, by what company or companies?	(a)
(b) How much weekly benefit payment did you receive and for how many weeks?	(b)
6. (a) Is your sight now impaired, or have you ever had any affliction of the eyes? If so, since when?	(a)
(b) Is your hearing impaired, or have you suffered any complaint, or any discharge from the ear? If so, since when?	(b)

7. (a) Have you ever suffered from Spitting of Blood, Consumption, Tuberculosis, any Chest Disease or Lung Infection, Gout, Erysipelas, Rheumatic Fever, Rheumatism, Heart or Brain Disease, Paralysis, Asthma, a Fit of any Kind, Cancer, Diabetes, Appendicitis, any Disease of the Stomach or Intestines, or from any nervous or recurring disease? If so, since when?	(a)
(b) Have you any physical defect infirmity? If so, since when?	(b)
8. Give particulars of any Injury or Sickness for which you have received medical attention during the past five (5) years.	
9. For Women Only (a) Have you been menstruating regularly?	(a)
(b) When did you have your last menstruation?	(b)
(c) Are you pregnant?	(c)
(d) When was your last delivery?	(d)
10. Are there any circumstances connected with your occupation, health or habits of life, which render you especially liable to injury or sickness? If so, since when?	
11. What is your present height? _____cm or _____ft. _____inches and weight? ____kgs. or _____lbs.	

I hereby agree that, this application shall supplement and form part of my original application which was the basis of the said life insurance.

I further agree that, if within two years from date of approval of this Application any of the foregoing declarations and representations is found to be untrue in any respect, the The Insular Life Assurance Company, Ltd. (Insular Life) shall have the right to declare null and void any rider or certificate that it may have issued pursuant to said Application.

I/We understand that as a financial institution, InLife is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

Through this Application for Addition of Rider (For Non-VUL Policies) Form, I/we give consent to InLife to collect personal and sensitive information within the form, such as, but not limited to, name, address, mobile number and government ID's, health data respectively. The personal information & sensitive personal information will be used solely for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my/our personal information may be required in fulfillment of mandated services across my/our entire life stages. I/We likewise give my/our consent to InLife to share my/our personal information with their subsidiaries, affiliates, agents, and medical information sharing facility of the insurance industry and accredited third parties only.

I/We hold InLife free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

I/We understand that InLife values my/our rights as data subjects under the Data Privacy Act and in case I/we need to exercise such rights, I/we can contact dataprivacy@insular.com.ph. I/We also understand that I/we can refer to InLife's Privacy Policy at www.insularlife.com.ph/privacy-policy to know more about how my/our personal data are processed.

I attach herewith the said policy/ies together with a remittance of P_____ as deposit which may be applied to payment of the first premium upon approval of the application.

Done at_____ this ____ day of _____ 20 _____.

_____
WITNESS/FINANCIAL ADVISOR
Printed Name and Signature

_____
POLICY OWNER
Printed Name and Signature

If applicable:

_____
INSURANCE SPECIALIST
Printed Name and Signature

_____
INSURED
Printed Name and Signature