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 | Website: www.insularlife.com.ph
Tel.: (632) 582-1818 | TIN 000-464-124 Non-VAT

Application for Removal/Reduction of Extra Premium on Account of Occupation

Policy No./s:_____
Name of Policy Owner:_____ Name of Insured:_____

I hereby request for the removal/reduction of occupational extra premium. I represent and state the following:

1. That my occupation has been changed from_____ to _____ effective_____, and that I do not contemplate to make further change in my occupation. Hereunder are the details of my present occupation:

   Company/ Office where employed _____
   Address of Company/Office where employed _____
   Nature of Business _____
   Duties (describe in detail) _____

2. That my height is (_____cm) or (_____ft._____in) and my present weight is (_____kgs.) or (_____lbs.).
3. That I am of temperate habits and now in good health, free from all diseases, deformities and/or ailments; that since the date of the last medical examination performed in connection with my policy/ies, I have had no injuries, ailments or illness, and have not consulted or been prescribed for or attended to by a physician for any cause and that I have not been a patient or confined in any hospital or institution.

   Exceptions to these statements are the following:

   _____
   _____
   _____

4. That each of the foregoing statement is true and correct and that I have fully stated all exceptions thereto; and that if within two years from date of approval of this application, any statement herein made shall be found to be untrue in any aspect, the Company shall have the right to re-impose the extra premium removed/reduced by virtue of this application as from the date of such removal/reduction.

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 Removal/Reduction of Extra Premium on Account of Occupation 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.

Done at _____this _____day of _____20_____.

_____
WITNESS/FINANCIAL ADVISOR
Printed Name and Signature

_____
INSURED
Printed Name and Signature

If applicable:

Conforme:

_____
INSURANCE SPECIALIST
Printed Name and Signature

_____
POLICY OWNER
Printed Name and Signature