



UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION  
 COCOLIFE Building 6807 Ayala Avenue Makati City 1226  
 Tel. No. 8812-9015 Fax No. 8812-9053  
 TIN 000-604-739-000 NV  
 Website: www.cocolife.com

**APPLICATION FOR GROUP LIFE INSURANCE**

**PART I. APPLICANT'S PERSONAL DATA**

Full Name: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Term of Coverage: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Premiums: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Nature of Work: \_\_\_\_\_  
 If seaman, port of entry: \_\_\_\_\_ If OCW/OFW, destination country: \_\_\_\_\_

**PART II. BENEFICIARIES.** It is understood that the beneficiaries share equally and are designated primary and revocable unless indicated otherwise in the "REMARKS" column.

NAME	AGE	RELATIONSHIP	REMARKS

**PART III. HEALTH DECLARATION**

I hereby represent and declare that:

- a) I am not below 18 years old and have not reached 65 years of age;
- b) I possess sound health and am able to perform the normal activities in pursuit of my livelihood free from any physical or mental infirmity;
- c) I do not have, never had and/or never consulted any physician for cancer, diabetes, epilepsy, heart disease, high blood pressure or tuberculosis; neither have I undergone any operation or hospitalization during the past five (5) years.

**EXCEPTIONS TO THE ABOVE:** (if left blank, this will be taken to mean as "NONE")

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I hereby agree that the above questions and answers shall be considered in lieu of a medical examination as part of my application for insurance. I hereby declare that all the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief. I hereby agree that if there be any misinterpretation in the above statement material to the risk, United Coconut Planters Life Assurance Corporation (COCOLIFE) shall have the right to reject and declare such insurance null and void.

"DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all Life Insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's [website at www.insurance.gov.ph](http://www.insurance.gov.ph)."

**PART IV. DATA PRIVACY POLICY AND CONSENT**

Cocolife upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, "Personal Data"), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its implementing Rules and Regulations (IRR).

To enable us to perform our processes related with your application for life and other various products, it is important that COCOLIFE collects uses and, stores your personal data. Thus, we are using your information to:

- Administer your policy, with any person or organization who has information about you, including your employer under Group Accounts, authorized institutions, investigative agencies, insurers and reinsurers;
- Perform any other action as may be necessary to implement the terms and conditions of our contract.

When you provide information other than yours, you certify that you obtained their consent to disclose and process those information of your parents, spouse, children, dependent or about another person.

We may share your personal data only to the extent that is reasonable and necessary to our employees and officers handling your orders and request; our subsidiaries, affiliates, partners, joint venture & other related parties e.g. employer under Group Accounts for related purpose provided in the this policy; any third-party service providers performing financial, administrative, technical and other ancillary services, and; person or entity that we contractually entered with, that ensures the confidentiality standard we implement and adhere to the DPA.

Cocolife shall ensure that personal data under its custody are protected against any accidental or unlawful destruction, alteration and unlawful disclosure. It implements appropriate security measures in storing collected personal data. Personal data will be safely destroyed through secure means, after the lapse of the retention period provided by law or as determined by Cocolife.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to: COCOLIFE Data Protection Officer at 8<sup>th</sup> Floor COCOLIFE Building, 6807 Ayala Avenue, Makati City or e-mail address at [dpo@cocolife.com](mailto:dpo@cocolife.com). I certify that I explicitly consent to the collection, processing, sharing, storing of my personal and sensitive personal information by COCOLIFE for purposes described in this Data Privacy Policy.

Signature of Applicant: \_\_\_\_\_ Date Signed : \_\_\_\_\_

Witnessed by : \_\_\_\_\_ Date Signed : \_\_\_\_\_  
*Company's Authorized Signatory*