



Armed Forces and Police Mutual Benefit Association, Inc.

Col. Bonny Serrano Road, cor EDSA, Quezon City
Contact Nos. (02) 822-MBAI(6224) Website: www.afpmbai.com.ph
Email: mail@afpmbai.ph Facebook: @AFPMBAIOfficial



MBAI iPROTEK APPLICATION FORM

A. MEMBER INFORMATION:

FIRST NAME:	_____	TIN:	_____
MIDDLE NAME:	_____	SSS/GSIS NO.	_____
LAST NAME:	_____	SEX:	_____
EXTN NAME: (Sr., Jr., III, etc.)	_____	HEIGHT:	_____
DATE OF BIRTH (DD/MM/YY):	_____	WEIGHT:	_____
PLACE OF BIRTH:	_____	BRANCH OF SERVICE:	_____
CIVIL STATUS: NATIONALITY:	_____	UNIT ASSIGNMENT:	_____
POSITION/OCCUPATION:	_____	SERIAL / ACCOUNT NO.:	_____
RANK:	_____	SOURCE OF FUND:	_____
COMPLETE HOME ADDRESS:	_____	MONTHLY INCOME:	₱ _____
_____		_____	
EMAIL ADDRESS: _____		CELL PHONE NO.: _____	

B. DESIGNATED BENEFICIARIES: (All beneficiaries are deemed revocable unless stated in this form)

NAME	BIRTHDATE	RELATIONSHIP	% SHARE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. AUTOMATIC CONTRIBUTION LOAN:

If any contribution for insurance remains unpaid at the end of the grace period, and the Member's Equity Value is sufficient, such contribution shall be paid from the Member's Equity Value. Such payments will be considered as a loan against the Member's Equity Value.

D. HEALTH STATEMENTS:

1. Have you ever been sick for the past five (5) years? If yes, please identify type of sickness	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
2. Have you ever had any accident, operation or medical advice within the past five (5) years	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____
3. Do you have any disability or deformity? If yes, please indicate.	Y <input type="checkbox"/>	N <input type="checkbox"/>	_____

E. DECLARATION AND AUTHORIZATION / PRIVACY NOTICE AS PER REPUBLIC ACT 10173 & REPUBLIC ACT 9510

I hereby state and declare that all the answers contained herein are true, complete and correct to the best of my knowledge and belief, and shall form part of my application for insurance. It is understood and agreed that this insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment is made thru Automatic Salary Deduction or the actual date of payment of first contribution, if directly paid to AFPMBAI.

I accept, agree with, and understand that all personal information supplied herein will be used for internal purposes and will not be released to third parties outside of AFPMBAI without my expressed consent. I waive my rights under applicable data privacy laws. I further agree to receive announcements, information, and promotional messages through various communication channels from the Association.

MEMBER'S SIGNATURE

DATE SIGNED

FOR AFPMBAI USE ONLY

RECOMMENDED BY:	_____	APPROVED BY:	_____
CODE NO.:	_____	DATE APPROVED:	_____

ADDITIONAL INFO SHEET A
(For Internal Purposes Only)



PLEASE PUT A CHECK MARK (✓) BESIDE THE PREMIUM OF THE DESIRED PLAN

PACKAGE	Plan 99	Plan 199	Plan 499	Plan 999
Applicable to	Barangay Tanods	<ul style="list-style-type: none"> Reservists, Cadets, Security Guards, CAFGUAA, Coast Guard Auxilliary, SCAA, BUCOR, NBI, Bureau of Immigration, NAMRIA, Airport Police, Customs Police, and other uniformed service units Spouses, direct ascendants, direct descendants, and siblings of Regular Members Employee Groups; Accredited IRs/FAMs 	Retired Enlisted Personnel	Retired Officers
MODAL CONTRIBUTION				
MONTHLY	<input type="checkbox"/> Php 99.00	<input type="checkbox"/> 199.00	<input type="checkbox"/> 499.00	<input type="checkbox"/> 999.00
QUARTERLY	<input type="checkbox"/> Php 290.00	<input type="checkbox"/> 582.00	<input type="checkbox"/> 1,460.00	<input type="checkbox"/> 2,922.00
SEMI-ANNUAL	<input type="checkbox"/> Php 568.00	<input type="checkbox"/> 1,142.00	<input type="checkbox"/> 2,863.00	<input type="checkbox"/> 5,732.00
ANNUAL	<input type="checkbox"/> Php 1,114.00	<input type="checkbox"/> 2,239.00	<input type="checkbox"/> 5,614.00	<input type="checkbox"/> 11,239.00
AMOUNT OF INSURANCE	Php 63,643.00	127,929.00	320,786.00	642,214.00

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Death Benefit	100% of Amount of Insurance
Accidental Death Benefit	100% of Amount of Insurance
Killed-In-Action Benefit	50% of Amount of Insurance
Member's Equity Value	50% of Total Contribution + Interest
DISABILITY/DISEMBLEMENT BENEFIT	
LOSS OR LOSS OF USE OF:	
Both Hands or Both Feet	100% of Amount of Insurance
Sight of Both Eyes	100% of Amount of Insurance
One Hand and One Foot	100% of Amount of Insurance
Either Hand or Foot and Sight of One Eye	100% of Amount of Insurance
Either Hand or Foot or Sight of One Eye	50% of Amount of Insurance
Hearing of Both Ears	50% of Amount of Insurance
Four Fingers	35% of Amount of Insurance
Hearing of One Ear	25% of Amount of Insurance
All Toes on One Foot	25% of Amount of Insurance
Thumb	15% of Amount of Insurance
Index Finger	10% of Amount of Insurance
Middle Finger	6% of Amount of Insurance
Ring Finger or Big Toe	5% of Amount of Insurance
Little Finger	4% of Amount of Insurance
Metacarpals 1st or 2nd (Additional)	3% of Amount of Insurance
Metacarpals 3rd, 4th, or 5th (Additional)	2% of Amount of Insurance
Any Toe Other Than Big Toe, Each	1% of Amount of Insurance

ADDITIONAL INFO SHEET B
(For Internal Purposes Only)



FOR PAYROLL DEDUCTION PURPOSES ONLY

ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

Col Bonny Serrano cor E. Delos Santos Avenue, Quezon City
Contact Nos. (02) 822-MBAI(6224) Website: www.afpmbai.com.ph
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AUTHORIZATION TO DEDUCT

DATE: _____

TO : FINANCE/DISBURSING OFFICER

I hereby authorize the Finance/Disbursing Officer to deduct from my salary the amount of _____ representing my monthly contribution for the MBAI iProtek and remit the same to the ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) effective immediately. In the event that my present Net Take Home Pay (NTHP) is insufficient to cover the monthly contribution, I also authorize my Finance/Disbursing Officer to effect the said deduction immediately as soon as my NTHP is sufficient enough to accommodate it. I further authorize AFPMBAI to access my personal information under my Unit/Office electronic payroll system.

This Authorization shall not relieve me from the responsibility of ensuring that the required deductions are made from my salary and promptly remitted to AFPMBAI when and as they become due. This authority shall terminate only upon my separation from the active service.

PRIVACY NOTICE AS PER REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

PLEASE PRINT ALL INFORMATION LEGIBLY.

BRANCH OF SERVICE (Please indicate): _____

RANK	(FAMILY NAME, FIRST NAME, MIDDLE NAME)	CONTROL/ACCT NO.	SIGNATURE	TIN
UNIT ASSIGNMENT	BIRTHDATE (DD/MM/YYYY)	CONTACT NO.	EMAIL ADDRESS	

Submitted by: _____
Signature over Printed Name / SOLCODE / FAMCODE

Transmittal No.: _____
(for SSS use only)

FOR PAYROLL DEDUCTION PURPOSES ONLY



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

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BRANCH OF SERVICE (Please indicate): _____

RANK	(FAMILY NAME, FIRST NAME, MIDDLE NAME)	CONTROL/ACCT NO.	SIGNATURE	TIN
UNIT ASSIGNMENT	BIRTHDATE (DD/MM/YYYY)	CONTACT NO.	EMAIL ADDRESS	

Submitted by: _____
Signature over Printed Name / SOLCODE / FAMCODE

Transmittal No.: _____
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PAYOR'S INFORMATION SHEET

NAME ☒ _____ RANK ☒ _____ SN ☒ _____ BR OF SERVICE ☒ _____

LAST FIRST EXTN MIDDLE

CIVIL STATUS ☒ GENDER ☒ HEIGHT (cm) ☒ WEIGHT (kg) ☒

BIRTHDATE ☒ AGE ☒ BIRTHPLACE ☒ NATIONALITY ☒

RESIDENCE ADDRESS ☒ _____

UNIT ASSIGNMENT ☒ _____

POSITION/OCCUPATION ☒ TIN _____

CONTACT NUMBER ☒ OTHER SOURCE OF INCOME/FUND ☒

FACE AMOUNT ☒ PLAN ☒ PREMIUM _____

INSURED'S INFORMATION SHEET

NAME ☒ (IF INSURED OTHER THAN PAYOR)

LAST FIRST EXTN MIDDLE

CIVIL STATUS _____ GENDER _____ HEIGHT (in cm) _____ WEIGHT (in kilos) _____

BIRTHDATE _____ AGE _____ BIRTHPLACE _____ NATIONALITY _____

CONTACT NUMBER _____ OTHER SOURCE OF INCOME/FUND _____

FACE AMOUNT _____ PLAN _____ PREMIUM _____

- Have you ever been sick for the past five years?
If yes, please identify types of sickness.
- Ever had any accident, operation or medical advise within the past five (5) years?
- Do you have any disability or deformity? If yes, please indicate.

PAYOR		INSURED	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BENEFICIARIES

Name (Last Name, First Name, Middle Name)	Age	Date of Birth MM/DD/YY	Sex: (M/F)	Relationship with person to be insured	Nationality	Contact No. (leave blank if same with insured)	Address (leave blank if same with insured)

☒ _____
Date Signed

☒ _____
Printed Name and Signature

PRIVACY NOTICE - as per REPUBLIC ACT NO. 10173

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☒ Rank ☒ Last Name/First Name/Extn. Name/Middle Name ☒ Serial No. ☒ Branch of Service PhilSys No. (PSN)

TIN ☒ Unit Assignment ☒ Landline/Mobile No. ☒ Email Address

FOR MBAI USE ONLY

RECOMMENDED BY: _____ APPROVED / DISAPPROVED: _____

RATING: _____ DATE APPROVED: _____