



# 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:	_____	WEIGHT:	_____
PLACE OF BIRTH:	_____	BRANCH OF SERVICE:	_____
CIVIL STATUS:	_____	UNIT ASSIGNMENT:	_____
NATIONALITY:	_____	SERIAL / ACCOUNT NO.:	_____
POSITION/OCCUPATION:	_____	SOURCE OF FUND:	_____
RANK:	_____		
COMPLETE HOME ADDRESS:	_____		
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 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. Ever had any accident, operation or medical advise 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 hereby give 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.

AFPMBAI is mandated to submit your basic credit data (as defined in RA 9510 and its IRR), as well as any regular updates or corrections thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC, and other credit reporting agencies duly accredited by the CIC, for the purpose of establishing your creditworthiness.

MEMBER'S SIGNATURE

DATE SIGNED

#### FOR AFPMBAI USE ONLY

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



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

PACKAGE	Plan 49	Plan 99	Plan 299	Plan 499	Plan 999
Applicable to	Reservists, cadets, Security Guards, CAFGUAA, Coast Guard Auxilliary, SCAA BUCOR and other uniformed service units				Retired and honorably separated or discharged members
	Spouses, direct ascendants and direct descendants of regular and associate members				
				Employee Groups; Accredited IRs/FAMs	
PACKAGE	Plan 49	Plan 99	Plan 299	Plan 499	Plan 999
MONTHLY	<input type="checkbox"/> 49.00	<input type="checkbox"/> 99.00	<input type="checkbox"/> 299.00	<input type="checkbox"/> 499.00	<input type="checkbox"/> 999.00
QUARTERLY	<input type="checkbox"/> 143.00	<input type="checkbox"/> 290.00	<input type="checkbox"/> 875.00	<input type="checkbox"/> 1,460.00	<input type="checkbox"/> 2,922.00
SEMI-ANNUAL	<input type="checkbox"/> 281.00	<input type="checkbox"/> 568.00	<input type="checkbox"/> 1,716.00	<input type="checkbox"/> 2,863.00	<input type="checkbox"/> 5,732.00
ANNUAL	<input type="checkbox"/> 551.00	<input type="checkbox"/> 1,114.00	<input type="checkbox"/> 3,364.00	<input type="checkbox"/> 5,614.00	<input type="checkbox"/> 11,239.00
AMOUNT OF INSURANCE	31,500.00	63,643.00	192,214.00	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
<b>DISABILITY/DISEMBLEMENT BENEFIT</b>	
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

## 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 Upgraded Basic Insurance 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.

## BRANCH OF SERVICE: (Please check)

PLEASE PRINT ALL INFORMATION LEGIBLY.

☐ PA-CIV    ☐ PN-CIV    ☐ PMA    ☐ BFP-CIV    ☐ PCG-CIV  
☐ PAF-CIV    ☐ GHQ    ☐ PNP-CIV    ☐ BJMP-CIV    ☐ Others \_\_\_\_\_

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)

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