



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

Col Bonny Serrano Road cor E. Delos Santos Avenue, Camp Aguinaldo, Quezon City

Contact Nos. (02) 8822-MBAI (6224) Website: www.afpmbai.com.ph

Email: mail@afpmbai.ph Facebook: [@AFPMBAIOfficial](https://www.facebook.com/AFPMBAIOfficial)

INSTRUCTION

1. Please read the application form and information sheet carefully.
2. Fill out the information sheet in your own handwriting.
3. For Yes answer/s, please specify all the details completely.
4. The approval/disapproval of application depends on the completeness of the answers on the questions.
5. The effectivity of coverage shall be upon approval of application and deduction of the first premium payment which normally is implemented on the fourth month upon your application. However, if you wish to be covered immediately, you may pay your premium directly at the AFPMBAI Head Office or any of the Branches, Extension Offices and other Accredited Payment Facilities.
6. Indicate your policy delivery preference.
Mail Address _____
Others Specify _____
7. To avoid erroneous deduction/non-deduction of premiums, please specify the FSU under whose jurisdiction you belong.
8. After the fourth month upon your application and no deduction has been effected in your payslip, please coordinate with your FSU or inquire/write to the AFPMBAI Head Office, Camp Aguinaldo, Quezon City.

Signature

Name: _____ Date: _____

Rank and Unit Assignment: _____

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POLICYHOLDER'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

(IF INSURED OTHER THAN PAYOR)

NAME _____

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 _____

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

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

BENEFICIARIES

Name (Last Name, First Name, Middle Name)	Age	Place of Birth	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

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.

Rank Last Name/First Name/Extn. Name/Middle Name SN BOS PhilSys No. (PSN) _____

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

FOR MBAI USE ONLY

RECOMMENDED BY: _____ APPROVED / DISAPPROVED: _____

RATING: _____ DATE APPROVED: _____