



## DAILY HOSPITAL INCOME BENEFIT CLAIM FORM

\_\_\_\_\_

Branch / Extension Office

\_\_\_\_\_

Date

### MEMBER'S INFORMATION

LAST NAME:

SUFFIX:

FIRST NAME:

GENDER:

MIDDLE NAME:

BIRTHDATE:

CONTACT DETAILS:

RANK:

SERIAL/BADGE/ACCT NO:

BOS:

UNIT ASSIGNMENT:

UNIT ADDRESS:

### CONFINEMENT DETAILS

NAME OF HOSPITAL/CLINIC:

DATE OF HOSPITALIZATION (mm/dd/yyyy)

FROM:

TO:

NUMBER OF DAYS:

DIAGNOSIS:

PHYSICIAN'S NAME:

RECOMMENDATION OF CONFINEMENT IS DUE TO:

- Diagnosis/Medical Symptoms
- Surgical Procedure
- Injury/Trauma
- Acute Illness/Infection
- Chronic Condition Management
- Others: \_\_\_\_\_

### PAYMENT OPTIONS

Please indicate how would you like to receive the benefit claim

- For Pick Up
- For Deposit
- Head Office
- GCASH or Other E-Wallet No. \_\_\_\_\_
- AFPMBAI Branch: \_\_\_\_\_
- Bank & Acc. No.: \_\_\_\_\_

**To be filled by AFPMBAI Personnel**

MEMBERSHIP CERTIFICATE # :

MEMBER'S CONTRIBUTION (Old Basic / MBAI Protek (0.5% or 1.5%) / MBAI IProtek (Plan 499 or Plan 999) :

MEMBER ID:

**PROCESSED BY:**



**ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**

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

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Email: mail@afpmbai.com.ph Facebook: @AFPMBAIOfficial

**PRIVACY NOTICE – as per REPUBLIC ACT NO. 10173**

AFPMBAI upholds an individual's 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 claim, 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.

I hereby certify that the above information is true and correct as to my own knowledge and belief.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

**FRAUD WARNING**

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both at the discretion of the court to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."