



APPLICATION FOR GROUP VOLUNTARY LIFE INSURANCE (GVLI)

PERSONAL DATA

NAME: _____ (Last Name) (First Name) (Middle Name)			DATE HIRED:
COMPANY:	DEPARTMENT:	POSITION:	EMP. ID NO.:
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled			
HOME ADDRESS:		TEL. NO.:	
OFFICE ADDRESS:		TEL. NO.:	
PLACE OF BIRTH: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	EMAIL ADD:	
DATE OF BIRTH:	MOBILE NO.:		
DESIRED AMOUNT OF INSURANCE:			
<input type="checkbox"/> 550,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 650,000 <input type="checkbox"/> 700,000 <input type="checkbox"/> 750,000 <input type="checkbox"/> 800,000 <input type="checkbox"/> 850,000 <input type="checkbox"/> 900,000 <input type="checkbox"/> 950,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,500,000			

BENEFICIARIES

Best Gem Multipurpose Cooperative to the extent of my outstanding loan balance, if any, and the balance to my other designated beneficiary/ies, as follows:

Name of Designated Beneficiary/ies	(Choose if Revocable or Irrevocable)	Date of Birth	Relationship to Member
	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		

Note – If you do not designate beneficiaries, the benefits will be paid automatically to your spouse or if you have no surviving spouse, to your relatives in the following order of precedence; children or parents, or brothers or sisters, or to your estate. A guardian, who is at least age 21, must be named for a beneficiary under age 18.

I agree that my insurance will become effective in accordance with the terms of the plans as outlined in the Group policy provided that I am actively-at-work on such date and the premium corresponding to my insurance coverage has been paid.

INFORMATION SHARING CONSENT

I consent to processing of my personal information by Best Gem Multipurpose Cooperative, its employees and duly authorized representatives for the purpose of providing and servicing my Group Voluntary Life Insurance application.

YES NO

I understand that my failure to give my consent to the processing thereof will be considered as my refusal to submit my Group Voluntary Life Insurance application.

AUTHORIZATION FOR SALARY DEDUCTION

I also authorize my Employer named above to deduct from my salary the amount required as my premium payment for my voluntary life insurance and remit to Sun Life the total deductions made from each calendar month.

Signature of Applicant

Date of Application

Printed Name and Signature of Witness

Date Signed

Received By: _____
Printed Name and Signature



GROUP VOLUNTARY LIFE INSURANCE
(BEST GEM MULTI-PURPOSE COOPERATIVE AND HMO BROKER)

COVERAGE	MONTHLY PREMIUM
NEW RATES	
1,500,000.00	Php 299.49
1,000,000.00	Php 199.66
950,000.00	Php 189.68
900,000.00	Php 179.70
850,000.00	Php 169.71
800,000.00	Php 159.73
750,000.00	Php 149.75
700,000.00	Php 139.76
650,000.00	Php 129.78
600,000.00	Php 119.80
550,000.00	Php 109.81