BDO life®

Certificate of Insurability Form

Application by ______________________ for ☐ Reinstatement ☐ Delivery ☐ Change of Policy No. ______________ on the life of ______________
(Owner) (Life Insured)

Particulars Relating to the ☐ Life Insured (attained age 18 & over) ☐ Owner

1. Name in full ______________________

2. Address:
   (a) Residence ______________________
   No. Street District
   ____
   City Province
   (b) Business ______________________
   Building
   ____
   No. Street District
   ____
   City Province
   If residing outside the Philippines, since when? ______________
   Day Month Year
   (c) Is there any intention to reside outside the Philippines? Yes ☐ No ☐
   If "yes" give details ______________________

3. (a) Occupation ______________________
   (b) Have you changed your occupation since the date of application for this policy? ☐ ☐
   Present Occupation ______________________
   Since when? ______________________
   Day Month Year
   (c) Are you presently disabled by illness or injury or otherwise prevented from performing on a full time basis any of the duties of your occupation? ☐ ☐

4. Do you or are you likely to pilot an aircraft or engage in sky/scuba diving, motor car racing, mountain climbing, or other hazardous activities? ☐ ☐
   If "Yes", questionnaire on hazardous activity will automatically be required in order to develop the details in full.

5. Amount paid with this application ______________________

6. (a) Height (w/o shoes) ____ ft. ____in. Weight (w/o clothes) ___lbs.
   (b) Change in weight in past 2 years:
   ☐ No change ☐ Gain____lbs ☐ Loss____lbs.
   Reason for change ______________________

7. Name of Regular Attending Physician ______________________
   Address ______________________

	Yes	No
8. Are you on a diet, taking any vitamin, herbal medicine, reducing pill, or medicine of any kind?	☐	☐
9. Have you, during the past two years, been examined or treated for high blood pressure, stroke, heart trouble, diabetes, cancer, chest pain or had such treatment been recommended by a physician or other medical practitioner?	☐	☐
10. Within the past 5 years (or since date of application for this policy, if more recent) have you:		
(a) Consulted any physician or other medical practitioner?	☐	☐
(b) Sought advice for any illness, disease or injury?	☐	☐
(c) Submitted to ECG, x-ray, blood test or any other test?	☐	☐
(d) Been admitted or advised to be admitted as an in-patient in a hospital or clinic except for pregnancy, birth or routine health check-up?	☐	☐
(e) Ever used shabu, cocaine, heroin, or other narcotics, marijuana, LSD or amphetamines except as prescribed by a physician?	☐	☐
(f) Ever had or sought advise for Acquired Immunity Deficiency Syndrome (A.I.D.S.) or any test indicating the presence of H.I.V virus?	☐	☐
11. For Women:		
(a) Are you pregnant? (Number of months: ____)	☐	☐
(b) Have you had any complications related to pregnancy?	☐	☐

12. Details of "YES" answers to questions 8-11 including dates, diagnoses, treatments, names and addresses of all attending physicians and medical facilities.

I declare that the answers I have given are, to the best of my knowledge, true, correct and complete and that I have not withheld any material fact that may influence the assessment or acceptance of my application for insurance.

I agree that this form will be part of my application for insurance and that failure on my part to disclose any material fact known to me may cause the policy, when issued, to be rescinded.

Dated at ______________________this______________day of ______________________, __________.

AUTHORIZATION

I hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record or knowledge of me or my health, to give to BDO Life Assurance Company any and all information about me with reference to my health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. I also consent to a personal investigation. A photocopy of this authorization shall be as valid as the original.

Signature ______________________
(Life Insured, if aged 18 & over and not the Owner)

Signature ______________________
(Owner)

Signed at ______________ on ______________ 20 ______

Signature ______________________
(Witness to the signature)

13. Since the date of application for this policy, has any application for, or reinstatement of, life or health insurance been declined, postponed, modified or rated by BDO Life Assurance Company, Inc. of any other insurance company? ☐ ☐
If "Yes" , give details.

14. Do you have any other application for, or reinstatement of, life insurance pending? ☐ ☐
If "Yes", give details.
with BDO Life Ps_______________
with other Companies Ps_______________

I, the Life Insured/Owner, declare that to the best of my knowledge and belief the above answers are full and true; and agree that, this Application, if approved, with the answers given in any other declaration which may be required by BDO Life and which releases to the insurability of the Life Insured or to the change of this Policy, shall be the basis of such reinstatement, delivery or change. I agree: (1) that BDO Life shall incur no liability by reason of this Application or by any reason of any cash paid or settlement made in connection therewith, until this Application has been approved by BDO Life with no change having taken place in insurability of the Life Insured subsequent to the date of this Application (2) that all material facts, being facts which might influence the assessment of this Application, have been disclosed on this Application, it being understood that failure to make such disclosure renders the contracts voidable, and (3) that if, on the basis of this Application, the Policy is changed so as to result in an increase in the Sum Assured, death by suicide within a period of years from the date of this Application equal to the period specified in the Suicide provisions of the Policy, is a risk not assumed under the changed Policy in respect of any increase in the Sum Assured

Signature _______________
(Life Insured, if aged 18 & over and not the Owner)

Signature _______________
(Owner)

Signed at _______________ on _______________

Signature _______________
(Witness to the signature)

AGENT'S REPORT

1. (a) Has this application been secured by personal interview with the Life Insured? If not, how was it secured? (c) If this application is intended for reinstatement, please indicate the reason for lapsation.	
2. Have you ever heard anything concerning his past or present health, medical history, smoking habits, alcohol, consumption, drug use, (e.g. shabu, or the like) or any risk factor that would have an adverse effect on the Life Insured's insurability? If so, give particulars.	
3. Does the Life Insured appear to be in good health and does he have a normal appearance?	
4. Estimated annual income.	
5. To your knowledge, has he changed his residence during the past 5 years? If so, give previous address.	

Signed on_______________

____
Printed Name & Signature of Agent

(FOR UNDERWRITING USE ONLY)

THIS FORM WAS RECEIVED:

☐ Through mail and received by home office staff _______________
Date Received Name of receiving staff

☐ By counter staff_______________
Date Received Name of interviewing staff

☐ Others _______________

Medical Information Bureau
☐ Co. _______________ ☐ NIL
See Previous
Date Checked: _______________
With reinsurrance? ☐ Yes ☐ No

____
Signature

BDO Life Assurance Company, Inc.
BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603