



CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

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MASTER APPLICATION FORM

(For Group Yearly Renewable Term Life Insurance Coverage)

PLAN: (GYRT-Group Yearly Renewable Term)

PRODUCT: _____

Application is hereby made to the **CLIMBS Life and General Insurance Cooperative (CLIMBS)**
For a Group Life Insurance Policy as indicated below:

1. NAME OF GROUP _____
2. OFFICE/BUSINESS ADDRESS _____
3. CONTACT NUMBER _____ EMAIL ADDRESS _____
4. CONTACT PERSON _____ DESIGNATION _____
5. NATURE OR LINE OF BUSINESS _____
6. NUMBER OF MEMBERS IN THE GROUP _____ Male _____ Female _____
7. INDICATE BY CHECK MARK WHETHER THE APPLICANT FOR GROUP is:

<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Employees	<input type="checkbox"/> OFW	<input type="checkbox"/> Union of _____	
<input type="checkbox"/> Association of _____	<input type="checkbox"/> Others: (Pls. Indicate) _____		

8. BENEFICIARY DESIGNATION (Please Check)
 - a) Member's relative(s) qualified under the law and jurisprudence, and as indicated in their individual application under the group life insurance coverage, or,
 - b) Others, who are likewise qualified under the law and jurisprudence, and as indicated in their individual application under the group life insurance coverage.

(If left unanswered, it is understood to be letter "(a)" above)

9. PREMIUMS ARE TO BE PAID BY:
 - the group only (hence, Non-contributory);
 - both the Group and the Member (hence, contributory);
 - the INSURED only.

Signed at _____ on this _____ day of _____, 20 _____

By:

(Signature over Printed Name)

(Position/Designation)

WITNESSED BY:

Name & Designation