



# CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
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## INDIVIDUAL APPLICATION FORM

### Coop Loan Protection Plan (CLPP)

Application No. \_\_\_\_\_

Name of Coop / Organization \_\_\_\_\_  
Address \_\_\_\_\_ Group Type \_\_\_\_\_  
*(Cooperative, Association, Lending, Professionals, Security Guards, etc.)*

|  |                  |                                       |  |                    |   |             |
|--|------------------|---------------------------------------|--|--------------------|---|-------------|
| <b>Last Name:</b>  |                  | <b>First Name:</b>                    |  |                    | <b>Middle Name:</b>   |             |
| <b>Date of Birth (mm/dd/yyyy):</b>   | <b>Age:</b>      | <b>Place of Birth</b>                 | <b>Gender</b><br>[ ] Male [ ] Female               |                    | <b>Civil Status</b><br>[ ] Single [ ] Married [ ] Widow [ ] Separated |             |
| <b>Employment Type:</b> [ ] Private [ ] Government [ ] Retirement [ ] Self-employed [ ] Others _____ |                  |                                       |  |                    | <b>Occupation: (Present Job)</b>                                      |             |
| <b>Employer Name:</b>  |                  |                                       | <b>Type of Services/Business:</b>                  |                    |   |             |
| <b>Employer Business Address:</b>  |                  |                                       | <b>Nature of Work/Employment/Source of Income:</b> |                    |   |             |
| <b>Coop Membership:</b> [ 1 ]  |                  | [ 2 ]                                 |  | [ 3 ]              |   |             |
| <b>Nationality</b>   | <b>Religion:</b> | <b>Height:</b>                        | <b>Weight:</b>                                     | <b>Blood Type:</b> | <b>SSS/GSIS No.</b>   | <b>TIN:</b> |
| <b>Present Address:</b>  |                  |                                       |  |                    | <b>Contact No(s):</b>   |             |
| <b>Permanent Address:</b>  |                  |                                       |  |                    |   |             |
| <b>Name of Spouse:</b>   |                  | <b>Date of Birth (mm/dd/yyyy)</b>     | <b>Place of Birth</b>                              | <b>Age</b>         | <b>SSS/GSIS</b>   |             |
| <b>Designated Beneficiary:</b>   |                  | <b>Date of Birth/Age/Relationship</b> |  | <b>Contact No.</b> | <b>Irrevocable/Revocable</b>  |             |
| (Primary) 1.   | _____            | _____                                 | _____  | _____              | _____   |             |
| (Secondary) 2.   | _____            | _____                                 | _____  | _____              | _____   |             |

### HEALTH DECLARATION FORM

Please answer each of the following questions in full disclosure/utmost good faith. Check in the box provided for details. Provide particulars if available (such as existing clinical records).

- Are you aware of any health disorder or advice from doctor that you are suffering from any illness?-----[ ] YES [ ] NO  
If YES, please specify \_\_\_\_\_
- Are you in good health and entirely free from any mental or physical impairment and/or deformities?-----[ ] YES [ ] NO
- Have you ever been received or receiving disability benefit? -----[ ] YES [ ] NO  
If YES, please specify \_\_\_\_\_
- Have you ever been diagnosed of cancer? -----[ ] YES [ ] NO
- Have you ever been diagnosed of HIV or AIDS? -----[ ] YES [ ] NO
- Are you taking medication of any kind? If YES, for what? \_\_\_\_\_ [ ] YES [ ] NO
- Please provide the name/address and the telephone number of your attending physician \_\_\_\_\_

I DECLARE, that the above answers are true and correct, and I agree that these shall be the basis of the issuance of Insurance for me under the Group Policy and that CLIMBS shall not be liable for any claims on account of illness, injury or death, the cause of which was known prior to approval of my request for insurance and withheld or concealed in the above statements. I hereby authorize any physician, doctors, hospital, clinic, that has any knowledge of my medical records to disclose when requested to do so by CLIMBS. I UNDERSTAND that disqualification from coverage will entitle me only to refund of premium.

### FOR LOAN OFFICER USE ONLY

|  |  |
|--|--|
| Amount of Loan Granted _____ (P _____)         | Loan Status : ( ) New ( ) Renewal              |
| Date Release _____ Term of Loan (months) _____ | Maturity Date _____                            |
| Premium Due _____                              | Term of Insurance Coverage Paid (months) _____ |

**"DISCLOSURE:** In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at [www.insurance.gov.ph](http://www.insurance.gov.ph)"

### DATA PRIVACY DISCLAIMER

By signing herein, you, the policy owner/ insurance applicant/ proposed insured, expressly consent for the lawful collection, processing, use, sharing, storage, retention or destruction and for other lawful or legal purposes, of all personal data pertaining to you in line with your application for life insurance policy and the servicing requirements thereof, in accordance with Republic Act No.10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

CLIMBS Life and General Insurance Cooperative shall use this information with full regard to the provisions of the said law and its implementing rules and regulations, in connection with the necessary processes pertinent to the said insurance policy or application, or servicing thereof, and for other legitimate purpose or in compliance with government regulations, court orders, industry association, and in case authorized by law.

You shall hold the company free and harmless from any liability or expense that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of the said information for activities done by CLIMBS Life and General Insurance Cooperative in regards your insurance application and servicing thereof in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Authorized Officer

\_\_\_\_\_  
Name & Signature of Applicant Member

*Note: The insurance coverage of this plan will take effect upon receipt of payment & approval by CLIMBS and through the endorsement of the e.CO.C.*