

ACCI-SHIELD+ Application Form

YOUR PERSONAL DATA

Surname		First Name		Middle Initial	
Civil Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	
Birth Date (mm/dd/yy)			Nationality		
Home Mailing Address					
Contact No.			E-Mail Address		
Occupation		Nature of Work		Employer	
Nature of Business			Annual Income		
Business Address					
Life or Accident Insurance with other Insurance Company, If any:					
Name of Company			Amount of Insurance		

YOUR BENEFICIARIES / COVERED MEMBERS

Full Name	Relationship	Birth Date

YOUR HEALTH PROFILE

- Have you ever been diagnosed/treated/hospitalized for any of the following: Yes No
arthritis, heart, lung, high blood pressure, nervous or kidney disorder, cancer, tumor, diabetes, and Immunity deficiency.
- During the last 5 years, have you ever been hospitalized, or consulted a physician for any reason? Yes No
Please give details on any "Yes" reply above:

Sickness/Treatment	Date

Results	Attending Physician
3. Are you now in good health and free from any physical impairment or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I hereby declare the information stated herein are true, correct and complete to the best of my knowledge and belief and they shall form part of the contract of insurance. My enrollment in this program is bound by the company's rules and regulations including their future amendments. It is hereby acknowledged by me that the insurance coverage will be in-force only when my application for enrollment is approved, the premium has been paid for, and a certificate of insurance is issued by the company. This further certifies that the insurance coverage of the plan I am availing and discussed to me in full detail in the dialect and language that I understand and I fully submit and bind myself to the terms and conditions of the insurance package.

DISCLAIMER: By transacting with Prudential Guarantee and Assurance, Inc. (PGAI), I hereby allow and authorize PGAI to collect, use and process my personal data provided in this form and its attachments in accordance with this Privacy Notice and all applicable laws. I agree to be bound by the Data Privacy Act of 2012 and related laws, rules and regulations. I understand that my personal data may be made available to PGAI's agents, affiliates, brokers, service providers, third-party companies and government bodies whenever necessary. By freely and voluntarily providing personal data to PGAI, I am confirming that they are true and correct. I understand that PGAI reserves the right to revise any decision made on the basis of the data provided should the same be found untrue or incorrect. I hold PGAI, its agents and affiliates, brokers, service providers and, where applicable, third-party companies free and harmless from any liability which may arise as a result of the authorization herein given.

PGAI shall collect, process, use, store, record and update my personal data necessary for marketing and other related purposes. The same may be shared, disclosed, or transferred to agents, affiliates, brokers, service providers of PGAI and government bodies authorized by law to receive such information. PGAI shall retain all information provided for a period necessary to fulfill the aforesaid purposes, unless a longer retention period is required or permitted by law. Such personal data shall be treated with utmost confidentiality and shall be accessed by authorized personnel only. In accordance with the Data Privacy Act of 2012, data subjects shall have the right to access their personal data to correct, update or supplement any false, inaccurate or incomplete information. Should there be any question, please contact the Data Protection Officer of PGAI through 8 878-3000 loc. 7284.

Signature over printed name

Date Signed