



# CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
Telephone/Fax Nos.: (08822) 738738; (088) 8561355 Email: head\_office@climbs.coop



## INDIVIDUAL APPLICATION FOR GROUP INSURANCE

Coop Loan Protection Plan - CLPP

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

Name of Group \_\_\_\_\_ Premium \_\_\_\_\_

Group Type \_\_\_\_\_ Amount of Insurance \_\_\_\_\_

(Cooperative, Association, Lending, Professionals, Security Guards, etc.)

Last Name		First Name			Middle Name	
Date of Birth (mm/dd/yyyy)	Age	Place of Birth	Gender [ ] Male [ ] Female		Civil Status [ ] Single [ ] Married [ ] Widow [ ] Separated	
Group/Employment Type [ ] Private [ ] Government [ ] Retirement [ ] Self-employed [ ] Others _____					Occupation (Present Job)	
Group/Employer Name			Type of Services/Business			
Group/Employer Business Address			Nature of Work/Employment/Source of Fund			
Other Group Membership [ 1 ]			[ 2 ]			
Nationality	Religion	Height	Weight	Blood Type	SSS/GSIS No.	TIN
Present Address					Contact No(s).	
Permanent Address						
Name of Spouse		Date of Birth (mm/dd/yyyy)	Place of Birth	Age	SSS/GSIS	
Designated Beneficiary		Date of Birth/Age/Relationship			Contact No.	
1. _____		_____			_____	
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 without interest.**

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

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

\_\_\_\_\_  
Name & Signature/Thumb mark of Applicant Member

### FOR LOAN OFFICER USE ONLY

Name of Group \_\_\_\_\_ Loan Status ( ) New ( ) Renewal

Amount of Loan Granted \_\_\_\_\_ (P. \_\_\_\_\_)

Date Release \_\_\_\_\_ Term of Loan (months) \_\_\_\_\_ Maturity Date \_\_\_\_\_

Premium Due \_\_\_\_\_ Term of Insurance Coverage Paid (months) \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Loan Officer

\_\_\_\_\_  
Name and Signature of Applicant Member

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### CONFIRMATION OF COVERAGE

CLIMBS Life and General Insurance Cooperative certifies that it has insured the following person/s:

Creditor \_\_\_\_\_ Insured Member \_\_\_\_\_  
 Group Policy No.: \_\_\_\_\_ Beneficiary/ies \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Amount of Insurance: \_\_\_\_\_ Premium: \_\_\_\_\_

In accordance with the provisions of the Master Policy, CLIMBS will pay to the Insured Member or Beneficiary/ies of the Insured Member the face amount of the benefits as found in the Schedule of Benefits up to the maximum amount in the Master Policy, promptly upon receipt of satisfactory proof of claims.

This certificate will in no way void any of the provisions in the Master Policy.

#### Coop Loan Protection Plan

Issue Date \_\_\_\_\_  
Name and Signature of Authorized Officer \_\_\_\_\_

**Noel D. Raboy**  
President and CEO

**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 CLIMBS 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 Applicant Member

**How did you hear about us?**

Coop  Advertisement  Facebook  Family or friend  
 Magazine/Newspaper story  TV/News  Website  Others \_\_\_\_\_

#### EXCERPTS OF PROVISIONS FROM THE MASTER POLICY

**INSURED LOAN.** The insured loan is the total loan granted to the Insured Borrower by the Creditor and which a premium has been paid or is payable during the time this Group Policy is in effect excluding loans of Insured Borrower which are in arrears in their payments as to either principal or interest or both.

**BENEFITS.** Subject to all conditions and provisions, CLIMBS will pay the benefits in accordance with the Insurance Benefit Schedule under this Group Policy, upon receipt and approval of due proof of death of the Insured Borrower. CLIMBS liability is limited to the period of insurance coverage paid for by the Creditor.

**CONTESTABILITY.** An individual coverage or any attached Rider can be contested by CLIMBS within one (1) year from the Group Policy Effective Date of his/her coverage or the effective date of the last reinstatement of his/her coverage, whichever is later.

**SUICIDE.** Except for reason of insanity, CLIMBS shall not pay any death benefit if the Insured Borrower commits suicide within one (1) year from the effective date or the date of last reinstatement (if any) of his/her individual insurance coverage, whichever is later. However, if payable, CLIMBS, shall refund the premiums paid, without interest, on behalf of the Insured Borrower.

**GRACE PERIOD.** A grace period of forty-five (45) days from due date of the premium is allowed, after which if the premium is not paid, this Group Policy shall automatically terminate. However, if any loss occurs within the grace period, any premium then due and unpaid will be deducted from the insurance benefit payable.

There shall be no need to notify the Creditor of the Insured Borrower in case this Group Policy is terminated for non-payment of any premium due by the end of its Grace Period.

**CLAIM PAYMENT TO HIS/HER BENEFICIARY/IES.** CLIMBS shall pay to the Creditor the amount of which shall not exceed the outstanding insured loan at the time of death of the Insured Borrower. The excess, if any, of the insured loan at the time of death shall be paid to the secondary beneficiary/ies.

**BENEFICIARY/IES.** If the Borrower, be it married or single has NOT DECLARED any specific beneficiary, the legal hierarchy of beneficiaries will be followed as (a) Surviving Spouse (b) Surviving legitimate, legitimated, legally adopted, and recognized natural children (c) Surviving illegitimate children without distinction (d) Surviving parents (e) Surviving brothers and sisters of the full blood (f) Surviving brothers and sisters of the half-blood (g) Executors, administrators or assigned to the estate.

Any amount payable who is a minor or is otherwise incapable of giving a valid release for any payment due, may be paid to the natural guardian; or if there is no such guardian; to the legally appointed guardian of such beneficiary.

**NOTICE AND PROOF OF CLAIM.** Notice of claim must be submitted to CLIMBS within thirty (30) days and proof of claim within ninety (90) days from date of death, except when it can be shown that failure to submit the notice and proof within such time is due to valid reason.

**CLAIMS SETTLEMENT.** Claims under this Group Policy shall be settled within ten (10) working days upon receipt of complete documents.

**LIMITATION OF COMPLAINTS.** Any complaint or grievance on this Group Policy must be filed with the proper authorities within two (2) years from the time of rejection or denial of the claim. The venue for filing of complaints and grievances on the Group Policy must not be limited to the place of issue of contract.

#### IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies and intermediaries. It is ready at all times to assist the general public in matters related to insurance. For any inquiries or complaints, you may approach the Public Assistance and Mediation Division (PAMD) at the Insurance Commission's Head Office located at 1071 United Nations Ave., Ermita Manila with telephone numbers +632-5238461 to 70 or email at [publicassistance@insurance.gov.ph](mailto:publicassistance@insurance.gov.ph). The official website of the Insurance Commission is [www.insurance.gov.ph](http://www.insurance.gov.ph)

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