

THIRD PARTY PAYOR SUPPLEMENTARY FORM

Instructions: This supplementary form will be attached to your policy. Please write in **CAPITAL LETTERS** using **BLACK** ink. Any erasure invalidates the answer/s to this form unless signed. Put a check ☒ in the appropriate checkboxes and write "N/A" if the field is not applicable. All fields are mandatory unless stated otherwise or not applicable.

POLICY NUMBER:

To be filled out by BPI AIA

THIRD PARTY PAYOR

Last Name

First Name

Middle Name

Sex ☐ Male ☐ Female Gender

Honorific ☐ Mr. ☐ Miss ☐ Mrs. ☐ Others

☐ Dr. ☐ Atty. ☐ Engr.

Relationship with the Policy Owner

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District City/Municipality

Province Country

Date of Birth (DD/MM/YYYY) / /

Place of Birth (Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.: ☐ Mobile ☐ Home ☐ Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format: **+44XXX-XXX-XXXX** (Mobile) or **++442-528-2000** (Landline)

☐ Mobile ☐ Landline

+

Occupation

Specific Duties

☐ Gov't Employee Government Office

Name of Company

Nature of Business

Annual Income

DECLARATION REGARDING THE THIRD PARTY PAYOR

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? ☐ YES ☐ NO
- Have you ever been convicted of any criminal offence? ☐ YES ☐ NO

DECLARATION REGARDING THE THIRD PARTY PAYOR

**QUESTION
NO.**

DETAILS OF ANSWERS TO QUESTIONS

DATA PRIVACY NOTICE. The Company values your privacy and we abide by the Principles of Transparency, Legitimate Purpose and Proportionality enshrined in the Philippine Data Privacy Act of 2012.

Accordingly, the Company processes, using any medium, any information pertaining to this application or insurance policy and all submitted documents, to provide our insurance and investment products and services. The information and documents are also disclosed to the Company's affiliations (including but not limited to any of its subsidiaries/affiliates in the Asia Pacific Region), its Brokers, Agents, and their employees and staff and to accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign. The Company will upload your medical information 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 the said medical 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.

Your information and documents are retained by the Company (a) from execution until seven (7) years after termination of your policy, for hard documents in paper form, and (b) from execution until ten (10) years after termination of your policy, for documents in electronic form; but in no case shorter than may be required by appropriate orders and regulations. Your information will be deleted/destroyed after this period.

The Company will use such information in the insurance policy and all related documents to conduct automated processing, data analytics, profiling, historical research (a) to improve the Company's internal systems and processes, (b) for actuarial assumptions, (c) in internal and external company reports, and (d) to develop and implement business strategies.

DATA PRIVACY CONSENT

- ☐ I/we agree for the Company to use the information in the insurance policy and all related documents in the design and communication of the Company's marketing campaigns and offers in order to improve the quality of service the Company provides, and to receive such marketing campaigns. I/we agree to share the information in the insurance policy with third parties for marketing campaigns.
- ☐ I/we agree for the Company to use such information for profiling to develop, enhance and offer me/us financial services and products that the Company considers as suitable for my/our insurance and other financial needs.

I/we may at anytime withdraw our consent by calling BPI AIA's contact center, or by emailing the request to dpo@aia.com. Upon receipt of such withdrawal of consent, the Company will no longer approach me/us for promotions or products that may be suited to my/our insurance needs. I/We am/are assured that this will not affect the Company's ability to provide quality service in relation to my/our existing policies. Please visit the Company's website, www.bpi-aia.com.ph for our Privacy Statement, which provides further details on why your personal data is collected, how it is intended to be used, to whom your personal data may be transferred to, how to access, review and amend your personal data, and our policies on direct marketing.

WARNING: FILING OF FRAUDULENT CLAIM IS PENALIZED BY LAW

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

DECLARATION AND AGREEMENT

I/We hereby confirm that all statements and answers contained in this supplementary form are true and complete and bind all parties in interest under the policy applied for. I/We hereby acknowledge and warrant that I/we have acquired the consent of all parties pertinent to this transaction to disclose their information for the proper administration and provision of services requested from this transaction.

Third Party Payor's Name

Third Party Payor's Signature

 / /

Date (DD/MM/YYYY)

Policy Owner's Name

Policy Owner's Signature

 / /

Date (DD/MM/YYYY)

Bancassurance Sales Executive (BSE)'s Name

BSE's Signature

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Date (DD/MM/YYYY)