



LIVING BENEFIT APPLICATION FORM

Contact nos: (02)911-4051 to 55 Loc 271,213, 9125097/9134357,09278349813(Globe),MBAI 6224224(Smart)

(Revised May 2014)

REQUIREMENTS FOR: E16/E17 MATURED, CSV and BONUS <ul style="list-style-type: none"> • Clear Xerox of Latest Payslip • Xerox I.D. (Back to back) • Policy Contract; <u>if w/o contract Proceed to Policy Issue for contract issuance (except Bonus)</u> 	REQUIREMENTS FOR TERMINATION BENEFIT <ul style="list-style-type: none"> • Retirement/Discharge Order • Statement of Service or Service Record • Statement of Last Payment and LATEST PAYSリップ • Basic Policy Contract <u>if w/o contract, proceed to Membership & Policy Services for issuance of contract.</u> • Xerox ID (Back to back) NOTE: Please file your application on or after your retirement	<hr/> DATE RECEIVED <hr/> DUE DATE
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NATURE OF CLAIM:

TERMINATION BENEFIT

BONUS (if w/o contract proceed to records)

MATURED: AI E-56

CASH SURRENDER VALUE: AI E-56

PICK UP HEAD OFFICE

PICK-UP REGIONAL OFFICE _____

FOR DEPOSIT: Attach clear XEROX COPY of ATM BANK/BRANCH _____ ATM/ACCT. NO. _____

MAILING

E MONEY CARD NO. _____

MEMBER'S DATA

Last

First

Middle

Land line

Mobile

RANK / BR OF SVC / SERIAL NO (FORMER PC INDICATE SERIAL NO.)

Birth Date (mm/dd/yy)

Date Entered Service (mm/dd/yy)

Retirement Date (mm/dd/yy)

COMPLETE HOME ADDRESS

SIGNATURE OF MEMBER

RIGHT THUMBMARK

SIGNATURE OVER PRINTED NAME OF AUTHORIZED REPRESENTATIVE

***** FOR FILL OUT BY DIVISIONS CONCERNED *****

1. MEMBERSHIP & UPSU Conservation Process (Done by) _____ (Date) _____ Policy No. _____ Face Amount _____ Prem. _____ Age: _____ Plan: _____ Noted by: _____	2. RECORDS (West Wing) <input type="checkbox"/> With file Record (Attached) <input type="checkbox"/> No Record on file <input type="checkbox"/> Similar <input type="checkbox"/> Different Verified by: _____ Noted by: _____ REVOCABLE: _____ IRREVOCABLE: _____ Beneficiaries: _____	3. NCR UNIT (Counters 1 to 8) Outstanding Accounts: a. Opt. Ins. _____ b. Opt. Pol. Loan _____ c. Basic Pol. Loan _____ d. Equity Loan _____ e. E-56 _____ f. E-56 Pol Loan _____ g. Salary Loan _____ h. Appliance Loan _____ i. Calamity Loan _____ j. MEDAL _____ k. REHL _____ l. REML _____ m. Acted as Co-Maker to: _____ Salary Loan _____ MEDAL _____ Calamity Loan _____ Appliance Loan _____
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This is to certify that the following affixed signatures are my specimen signature.

OLD SIGNATURE 1. <input type="text"/>	NEW SIGNATURE 1. <input type="text"/>	n. Member's Status _____ Verified by: _____ Noted by: _____
2. <input type="text"/>	2. <input type="text"/>	
3. <input type="text"/>	3. <input type="text"/>	

SURRENDER DEED FOR CSV

POLICY NO _____

I hereby surrender my policy to the association and waive all rights and claims on the same

I HEREBY DECLARE that my policy has not been assigned to any party and that there are no prior liens; that there are at present no insolvency proceedings over my estate pending in any of the courts instituted by or against me.


IN WITNESS WHEREOF, I have hereto set my hand this _____ day of _____ 20____ in _____ Philippines.

Witness


Printed Name & Signature of Insured

Reason for surrendering the policy:


MATURED ADDITIONAL POLICY

- 
1. Original copy of Policy Contract
 2. Latest Payslip
 3. Photocopy of ID (back-to-back)

**SURRENDER OF POLICY
(Cash Surrender Value)
REQUIREMENTS**

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1. Original copy of Policy Contract
 2. Latest Payslip
 3. Photocopy of ID (back-to-back)

**MATURED E-56/E17/E16
Plans
REQUIREMENTS**

- 
1. Original copy of Policy Contract
 2. Latest Payslip
 3. Photocopy of ID (back-to-back)

**PROCEDURE IN FILING
If with Policy Contract**

1. Fully-fill up all tick-marked items, on front page of application.
2. Proceed to Records Office located at the West Wing within the AFPMBAI compound, w/ requirements.
3. **GET PRIORITY NUMBER AT CUSTOMER SERVICE**
4. Wait for your priority number to appear at the queuing board at the Living Benefit Area for submission and processing of claims


If without Policy Contract

1. Fully-fill up all tick-marked items, on the front page of application.
2. Proceed to Policy Issue located inside NCR Office (formerly Claims) at the ground floor for policy issuance.
3. Proceed to Records Office located at the West Wing within the AFPMBAI compound w/ the requirements.
4. **GET PRIORITY NUMBER AT CUSTOMER SERVICE**
5. Wait at the Living Benefit Area (near the elevator) for your number to display for submission and processing of claims.

**PROCEDURE IN FILING
With & without Policy Contract**

1. Fully-fill up all tick-marked items on front and back page of Living Benefit Application
2. Proceed to Membership & Policy Services located at ground floor lobby.
3. **Proceed to Policy Issue for policy issuance inside NCR office at ground floor (if w/o contract).**
4. Proceed to Records Office located at the West Wing within the AFPMBAI compound w/ requirements.
5. **GET NUMBER AT CUSTOMER SERVICE.**
6. Wait at the Living Benefit Area near the elevator for your number to display & for submission and processing of claims.

**PROCEDURE IN FILING
If with & w/o Policy Contract**

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1. Fully-fill up all tick marked items on front page of application.
 2. **If without contract proceed to Policy Issue inside NCR office ground floor for policy contract issuance. If with contract proceed to step #3.**
 3. Proceed to Records Off. Located at the West Wing within, the AFPMBAI compound. w/ requirements.
 4. Proceed to counter 2 and submit Application to Ms. Grace Dejan.

TERMINATION BENEFIT (Retirement Claim for Retired/Discharged from the Service)

1. Retirement/Discharge Order
2. Statement of Service or Service Record
3. Statement of Last Payment and Latest Pay slip
4. Basic Policy Contract if w/o contract proceed to Policy Issue (inside NCR office, ground flr.) for Policy Issuance
5. Xerox: ID (Back to back)

NOTE: Please file your application on or after your retirement date



PROCEDURE IN FILING WITH OR W/O CONTRACT

1. Fully-fill up all tick-marked items on front and back page of application.
2. Proceed to Membership & Policy Services located at ground floor lobby. **If w/o contract proceed to Policy Issue for policy issuance located at NCR office ground floor.**
3. Proceed to Records Office located at the West Wing within the AFPMBAI compound w/ attached requirements.
4. **GET priority number AT CUSTOMER SERVICE SEC.**
5. Wait for your number at the lobby near the elevator submission & processing of your application.

IMPORTANT REMINDERS

- If a representative will claim the check, please attach a Special Power of Attorney (SPA)/Authorization letter and present valid ID of the representative and payee/owner of the check.
- Unclaimed checks for more than one month after due date shall be mailed to the address written in the Living Application Form.

REQUIREMENTS FOR INSURANCES WITH PAYOR'S CLAUSE (payor-deceased)

1. Policy Contract with verification of Policy Services Section
2. Affidavit of Guardianship if insured is below 18 years old
3. Duly accomplished application form
4. Birth Certificate of insured
5. Death certificate of payor
6. Valid ID of guardian and insured for 18 years old and above