ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

Col. Bonny Serrano Rd. cor. E. de los Santos Avenue, Quezon City
Tel. Nos.: 911-4051 to 58 (Connecting all departments)

DO NOT FILL
AFPMBAI NO.

MEMBER'S INFORMATION SHEET (E-56)

PLEASE PRINT OR TYPE

1. LAST NAME FIRST NAME MIDDLE NAME			2. RANK	3. AFPSN	4. BR OF SVC
5. CIVIL STATUS : ( ) SINGLE ( ) WIDOWER ( ) MARRIED ( ) SEPARATED	6. SEX :( ) MALE ( ) FEMALE	7. AGE	8. BIRTHDATE	9. DATE ENTERED SERVICE	
10. PRESENT UNIT ASSIGNMENT					
11. HOME ADDRESS					

12. DESIGNATED BENEFICIARY/IES FOR MBAI INSURANCE (E-56)

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PREMIUM DEFAULT OPTION (Unless otherwise indicated, Option 3 is automatically assumed) ( )

( ) 1. Premium Loan ( ) 2. Net Surrender Value ( ) 3. Paid-up Insurance ( ) 4. Extended Term Insurance

DECLARATION REGARDING PERSON TO BE INSURED

Has the Proposed Insured:	YES	NO
1. Ever applied for or received disability benefit or pension?		
If so, Why?		
2. Ever consulted or been treated by any Physician or other Medical Practitioner for any diseases pertaining to:		
a. Chest pains, high blood pressure or heart disease?		
b. Diabetes, disease of kidney, ureters and urinary bladder?		
c. Tuberculosis, asthma or lung trouble?		
d. Cancer or tumor?		
e. Nervous or mental illness?		
f. Disease of the stomach, liver, gall-bladder, intestines or other abdominal organs?		
g. Any other disease not mentioned above?		
h. Surgical operation, Medical consultation or treatment?		
i. X-ray, electrocardiogram, urine, blood or other special test or examination?		
j. Have you any physical defect or deformity?		
k. Ever used alcoholic beverages to excess, taken habit-forming drugs or sought advice or treatment for alcoholism, drug habit or addiction?		
l. Any medical attention other than those mentioned above?		
m. Lost weight in the last 12 months?		
If so, how many pounds?		
Present weight in pounds?		
Present height in feet and inches?		

ANSWER IF FEMALE	YES	NO
1. a. Have you ever had any disorder of menstruation, pregnancy or the female organs or breast?		
b. To the best of your knowledge and belief, are you now pregnant?		

If the answer to any question above is "YES", indicate its letter and give details as to nature of illness, operation, or treatment, date and duration, severity and results, name and address of attending physician, clinics or hospitals.

I hereby declare that all statements and answers are complete, true and correct. I agree that the several answers, statements and agreement contained herein shall be considered part of my application for insurance.

MEMBER'S SIGNATURE

LEFT THUMBMARK	RIGHT THUMBMARK

Date Accomplished ____________

AFP Mutual Benefit Association, Inc.

Authorization For Salary Deduction

TO: FINANCE/DISBURSING/AGENT OFFICER

____

____

____
Date

I hereby authorize my Disbursing Officer to deduct from my salary an amount equivalent to ____________ % of my basic monthly pay as my premium payment for my insurance with the AFPMBAI while I am in the active service and as a member of the Association. This authorization shall not relieve me from the responsibility of seeing to it that the deductions are made from my salary and promptly remitted to the AFPMBAI when and as they become due. The authority shall terminate only upon separation from the active service.

____
Print Name & Signature

____
Rank Serial No. Br of Svc

____
Witness

____
Unit Assignment

AFP Mutual Benefit Association, Inc.

Authorization For Salary Deduction

TO: FINANCE/DISBURSING/AGENT OFFICER

____

____

____
Date

I hereby authorize my Disbursing Officer to deduct from my salary an amount equivalent to ____________ % of my basic monthly pay as my premium payment for my insurance with the AFPMBAI while I am in the active service and as a member of the Association. This authorization shall not relieve me from the responsibility of seeing to it that the deductions are made from my salary and promptly remitted to the AFPMBAI when and as they become due. The authority shall terminate only upon separation from the active service.

____
Print Name & Signature

____
Rank Serial No. Br of Svc

____
Witness

____
Unit Assignment