

**GENERAL DATA**

Policy holder (Creditor)	Name of Cooperative / Bank / Association <i>Philippine Air Traffic Controllers' Multi - Purpose Cooperative (PATCOMC)</i>			Contact No. of Cooperative +63 926 7575 977	
Policy holder (Debtor)	Last Name	First Name		Middle Name	
Date of Birth (mm/dd/yyyy)	Age	Place of Birth	SSS No.	TIN	
Home Address			Mobile No.	Telephone No.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	If married, name of legal spouse (Full Name)		Height ___ Feet ___ Inches	Weight ___ pounds or ___ Kilos
Occupation (Current Job)	Name of Employer	Work Address		Telephone No.	

**BENEFICIARY / IES**

Name	Age	Relationship	Contact No.

**HEALTH DECLARATION**

\* Please use back page for additional details of your answer. (Maaaring gamitin ang likod ng pahina para sa mga detalye ng inyong mga sagot)

1. Are you now in good health and free from any kind of disease? ( <i>Ikaw ba ay nasa mabuting kalusugan at walang anumang karamdaman?</i> )	( ) Yes ( ) No
2. Can you perform the activities of daily living such as feeding, toileting, mobility, bathing, dressing etc? ( <i>Kaya mo bang kumain, magbanyo, maglakad, maligo, magbihis, atbp?</i> )	( ) Yes ( ) No
3. Have you ever been consulted a physician for a health condition such as high blood pressure, diabetes, malignancies, lung ailments, heart ailments, etc? If "yes", kindly give details on the space provided such as kind of illness / disease (diagnosis), name of doctor & hospital, medicine taken, date of operation, results, doctor's recommendation, etc. ( <i>Ikaw ba ay kumunsulta na sa isang doktor ukol sa kalagayan ng iyong kalusugan tulad ng pagtaas ng presyon, diabetes, tumor, sakit sa baga, sakit sa puso atbp? kung "Oo", magbigay ng impormasyon tulad ng uri/pangalan ng sakit, pangalan ng doktor, at ospital, petsa ng operasyon, resulta, rekomendasyon ng doktor atbp.</i> )	( ) Yes ( ) No
4. Have you ever been hospitalized or had any minor / major surgery in the last five years? If "yes", kindly give details on the space provided such as name of doctor & hospital, date of operation or hospitalization, medicine taken, doctor's recommendation, results, etc. ( <i>Ikaw ba ay naospital o naoperahan sa loob ng nakarang limang taon? Kung "Oo", magbigay ng impormasyon tulad ng dahilan ng pagkakaospital, klase ng operasyon, pangalan ng doktor at ospital, petsa ng operasyon o pagkakaospital, gamot na iniinom, rekomendasyon ng doktor, resulta at iba pa.</i> )	( ) Yes ( ) No
5. Have you smoked any cigarettes in the past 12 months? If "Yes", please state your average daily consumption _____	( ) Yes ( ) No
Do you drink alcohol? If "Yes", please state wheather beer, wine, or spirits; and your average daily consuption _____	( ) Yes ( ) No

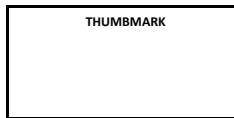
I hereby certify that all the foregoing answers and statements are true and correct. I agree that upon signing this document, this shall be the basis of the issuance of insurance under the group policy and that the Cooperative System of the Philippines shall not be liable for any claim on account of illness, injury or death which was known to the insured but was not declared in the above statement.

**AUTHORIZATION TO FURNISH MEDICAL INFORMATION**

I hereby authorize any person, organization, or entity that has record or knowledge of my health condition to give to Cooperative Insurance System of the Philippines any and all information relative to any hospitalization, consultation, treatment or any other medical advice or examination. This authorization is in connection with the application for insurance and all claims arising there from. A photocopy of this authorization shall be valid as original.

\_\_\_\_\_  
Date (mm/dd/yyyy)  
CISP HEAD OFFICE COPY

\_\_\_\_\_  
Signature Over Printed Name of Proposed Insured



\* In case of Illiterate Applicant

\_\_\_\_\_  
*KATHLEEN MACALOS*  
Signature Over Printed Name of Policyholder's Authorized Officer