



**APPLICATION FOR  
COMPULSORY INSURANCE COVERAGE FOR AGENCY-HIRED MIGRANT WORKERS**

**YOUR PERSONAL INFORMATION**

NAME :  Mr.     Ms.     Mrs.

\_\_\_\_\_

Last Name                                  First Name                                  M.I.

Philippine Address : \_\_\_\_\_  
\_\_\_\_\_

Civil Status :  Single     Married     Separated     Widow/er

Birthdate : \_\_\_\_\_ Birthplace : \_\_\_\_\_

TIN : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age : \_\_\_\_\_

Telephone : Home : \_\_\_\_\_ - \_\_\_\_\_ Office : \_\_\_\_\_ - \_\_\_\_\_

Fax : \_\_\_\_\_ - \_\_\_\_\_ Mobile : \_\_\_\_\_ - \_\_\_\_\_

Email Address : \_\_\_\_\_

**YOUR PASSPORT DETAILS**

Name(as it appears on your passport) : \_\_\_\_\_

Last Name                                  First Name                                  Middle Name

Passport No. : \_\_\_\_\_ Issued on: \_\_\_\_\_ at: \_\_\_\_\_

**YOUR AGENCY**

Agency Name : \_\_\_\_\_

Address : \_\_\_\_\_

Association : \_\_\_\_\_

Contact Nos. : Tel. : \_\_\_\_\_ - \_\_\_\_\_ Fax : \_\_\_\_\_ - \_\_\_\_\_

email : \_\_\_\_\_ Agent : \_\_\_\_\_

**YOUR WORK**

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

Nature of Business : \_\_\_\_\_ Country : \_\_\_\_\_

Designation : \_\_\_\_\_ Industry : \_\_\_\_\_

Monthly Compensation: \_\_\_\_\_ Currency: \_\_\_\_\_

T.O.C. : From \_\_\_\_\_ To \_\_\_\_\_ Contract Yr: \_\_\_\_\_

**YOUR BENEFICIARY(IES)**

It is understood that the beneficiaries share equally and are designated primary and revocable unless indicated otherwise in the "REMARKS" column.

NAME	RELATIONSHIP	DATE OF BIRTH	REMARKS
_____	_____	_____	_____
_____	_____	_____	_____

I hereby represent and declare that:

- I am not below 18 years old and have not reached 61 years of age; and
- I possess sound health and am able to perform normal activities in pursuit of my livelihood free from any physical and mental infirmity.

I hereby agree that the above questions and answers shall be considered as part of my application for insurance.

I hereby declare that all the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE