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 :
Country :
Nature of Business : Industry :
Designation :
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:

a) I am not below 18 years old and have not reached 61 years of age; and
b) 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