



HealthCARE Cash Plan

Please send me my HealthCARE Cash Plan policy. I understand that this does not obligate me in any way and that I will have the opportunity to inspect my policy for up to 10 days before I accept it. I understand that the insurance will take effect when my policy is issued and I have paid my first premium during my lifetime and good health.

Please Print (Full Name)

Mr. Mrs. Ms. _____
First Name M.I. Last Name

Address _____

Zip Code _____ Tel. No. _____

Mobile No. _____ E-mail _____

Date of Birth _____ Age _____ Male Female

Place of Birth _____

Occupation/Profession _____

TIN _____ GSIS _____ SSS _____

Indicate the persons to be insured

Yourself Yourself and your Spouse Family

Please check the plan you desire

Plan 500 Plan 1000 Plan 2000 Plan 3000

For Lifeline Rescue's EQRP, I prefer to protect:

My whole household for 1 year for only P700

Fill-out if you wish to enroll your family

	NAME	AGE	BIRTHDAY
SPOUSE			
CHILDREN aged 3 months to 20 years old			

** Use Separate Sheet if Necessary*

Applicant's Signature ✓

Date _____

SIGN-DO NOT PRINT

Credit Card Authorization (If paying via credit card):

I authorize Paramount Life to charge my premiums to my credit card

American Express Bankard / JCB Diners Any Visa or Mastercard

Cardholder's Name _____

Card Number _____ Tel No. Mobile No. _____

Expiry Date _____ Amount _____

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Cardholder's Signature ✓

Date _____

(SIGN - DO NOT PRINT)

PLEASE INCLUDE YOUR SIGNATURE AND YOUR BIRTHDATE.

Complete and mail • fax • e-mail this form today!

