



Enrollment Form for PrimeCare Cash Plan

Please send me my PrimeCare 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 M. I. Last

Address _____

Zip Code _____ Mobile No. _____

Tel. No. _____ E-Mail _____

Date of Birth _____ Age _____ Male Female

Place of Birth _____

Occupation/Profession _____

Business Address _____

Zip Code _____ Tel. No. _____

Source of Funds _____

TIN _____ GSIS No. _____ SSS No. _____

Please check the plan you require (check one box only):

Plan 500 Plan 1000 Plan 2000 Plan 3000

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!



PARAMOUNT
LIFE & GENERAL
INSURANCE
CORPORATION

Paramount Life & Gen,
Madaling kausap.
visit www.paramount.com.ph