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**APPLICATION FORM**

**Medical Insurance**

***(for Bacterial and Viral Infections)***

**Instruction**: Please **PRINT** all entries legibly and check appropriate boxes.

**A. PERSONAL INFORMATION (CLIENT)**

**Name** (Last Name, First Name, Middle Name)

**Present Address**

**Permanent Address** (If different from present address)

**Preferred Mailing Address: Present Address Permanent Address**

**Age / Date of Birth** (mm/dd/yy) /

**Tax Identification No. (TIN)**

**Gender Male Female**

**Civil Status Single Married Others:**

**Contact Details Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: Nationality: Email Address:**

**B. BENEFICIARY INFORMATION**

**ds**

**1. Relationship:**

**2. Relationship:**

**3. Relationship:**

**C. GUARDIAN INFORMATION (*if the Principal is a Minor*)**

**ds**

**Guardian Name: Date of Birth: Contact #:**

**Address: Relationship to the Principal:**

**D. BENEFIT PLAN**

**ds**

**You are applying for Medical Insurance against Bacterial and Viral Infections.**

**Please state the Amount of Coverage you intend to have.**

 **Amount of cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. FAMILY AND HOUSEHOLD INFORMATION (FOR FAMILY AND HOUSEHOLD PLAN ONLY)**

**ds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Full Name of Household Member**  | **Relationship** | **Email Address** | **Date of Birth** | **Contact Number** |
| 1 |   |   |   |   |   |
| 2 |   |   |   |   |   |
| 3 |   |   |   |   |   |
| 4 |   |   |   |   |   |
| 5 |   |   |   |   |   |
| 6 |   |   |   |   |   |
| 7 |   |   |   |   |   |
| 8 |   |   |   |   |   |
| 9 |   |   |   |   |   |
| 10 |   |   |   |   |   |

**OTHER CONDITIONS:**

1. The Policy Holder shall not be able to file any claim for illnesses that shall occur during the waiting period.

2. A Welcome Letter is automatically emailed to the Policy Holder. The Welcome Letter contains instructions on how to utilize the Value-Added Services such as the Teleconsultation and the Prevent 360 Emergency Assistance Mobile App.

3. Pre-existing conditions are NOT covered. Any Disability which existed before the Policy Effective Date in respect of an Insured Person, which presented signs and symptoms of which the Insured Person was aware or should reasonably have been aware is considered as a pre-existing condition.

4. There is a 14-day free look period for an Individual Policy, Group Policy not included. This means that you may return the Policy to Mercantile Insurance for cancellation within 14 days after receipt for a full refund of the premiums paid.

5. All claims must be submitted to the Company within 30 days after completion of the events for which the claim is being made. In the event of a Death Claim, immediate notice thereof must be given to the Company.

6. Claim documents may be emailed to our Claims Team at medical.claims@mici.com.ph. The assured will be provided a Notification of Claim form to be filled out together with the list of claim requirements.

7. Pandemic/Epidemic is covered.

8. May be used even when outside the Philippines.

9. The ONLY services extended to the Assured's Family/Household are the Telceconsulation and the Prevent 360. There is no limit to the number of members to be enrolled, as long as they are listed in the Application Form submitted by the Policy Holder. There is also NO age requirement and any non-emergency consultation is possible. We define Family/Household as the people living in the same address with the Policy Holder, which includes non-immediate family members and househelps.

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may disqualify me from availing the benefits afforded by this insurance policy.

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 Signature of Applicant / Date