

I certify to the truth and correctness of the following information I am providing Philam Life, in my capacity as the authorized representative of my company and to support the claim for life insurance benefit.

1 Details Regarding Deceased Employee / Member

- 1.1 Full Name _____
- 1.2 Job Position last occupied _____
- 1.3 Date of Birth _____
- 1.4 Civil Status _____

2 Employment Data

- 2.1 Date of regular employment _____
- 2.2 Date of first premium remittance for member _____
- 2.3 Date last officially reported to work _____
- 2.4 Reason he ceased working _____
- 2.5 Last premium remittance for member
covers the period _____ to _____

3 Details Regarding Death

- 3.1 Date of Death _____
- 3.2 Cause _____
- 3.3 Place _____
- 3.4 Age _____

4 Coverage Data

- 4.1 Amount of Claim _____
- 4.2 Insurance is payable to _____

(Based on the enrollment card filled up by the member, if there is no record, state "no record of beneficiary designation")

Dated at _____ this _____ day of _____, 20__.

Certified by:

Name of Assured / Employer

Signature over Printed Name / Position

Address & Telephone No