

The Insular Life Assurance Company, Ltd. Insular Life Corporate Centre, Insular Life Drive Filinvest Corporate City, Alabang, 1781 Muntinlupa City

E-mail: headofc@insular.com.ph • Website: www.insularlife.com.ph

Tel.: (632) 582-1818 • Fax: (632) 771-1717 •

TIN 000-464-124 Non-VAT

CUSTOMER INFORMATION UPDATE FORM

Please list down the names of your company representatives whom you would want to be given access to the InLife Group Portal. Please be reminded that these individuals will be able to access your company, policy, and member information which may contain personal and sensitive information.

Company Name Main Line of Business/ Industry Classification	:			<u> </u>
TIN Number Office Address				
Phone Number				_
Name of Representative	Position / Designation	Email Address	Office Number and Local	Role *
Kindly take note of the follow	ing roles.		<u> </u>	
receiving and reconciliation receiving of checks (refund and concerns to Insular Lifour English of the preconcile insurance billing, Claims Officer - this is the prequirements to member/	n of insurance billing, c ds and claims), processi e. person appointed by th receive refunds, and p person appointed by th beneficiaries, and recei person appointed by th	oordination of claim staring of premium payment e Authorized Represent rocess premium payment e Authorized Represent ve checks for claims set the Authorized Represent	ative to report claims, coord	ember/beneficiaries, tion of member inquirie vements, receive and dinate claim status and
Signed at			on	
		Ву:		
			Name and Signatur	re of
			Authorized Signatory/De	
You can initially fax back t	his letter at (632) 81	8-7132 or email the s	same at @insular o	com.ph