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Thank you for choosing AXA as your financial services partner. If you want to change or update the details of your insurance plan, please complete this form and send it with a copy of your valid ID and all supporting requirements to any AXA Branch or submit to your distributor.

1. My Service Request

<input type="radio"/> Addition of Dependents <i>(accomplish section 3 below)</i>	<input type="radio"/> Deletion of Dependents <i>(accomplish section 4 below)</i>	<input type="radio"/> Plan Upgrade <i>(accomplish section 5 below)</i>
<input type="radio"/> Plan Downgrade <i>(accomplish section 6 below)</i>	<input type="radio"/> Reinstatement <i>(accomplish section 7 below)</i>	<input type="radio"/> Plan Portability <i>(accomplish section 8 below)</i>

2. My General Information (MANDATORY SECTION. All fields should be provided.)

[illegible]

3. I want to add Dependents under my plan

FAMILY MEMBERS TO BE INCLUDED IN THE PLAN (Limited to Legal Spouse and Children only)

Full Name	Date of Birth (MM/DD/YYYY)	Sex	Height (ft/in) Weight (lbs)	Nationality	Relationship to Principal Insured Person

4. I want to remove Dependents under my plan

FAMILY MEMBERS TO BE REMOVED IN THE PLAN

Full Name	Date of Birth (MM/DD/YYYY)

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving

Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Notes:

Addition and Deletion of Dependents are allowed only during Policy Anniversaries except for:

- **New Born Babies** added within 30 days of the baby's birthday (no need to answer Underwriting Questions)
- **Newly married spouse** added within 30 days of the date of marriage

Please fill up the applicable Global Health Access Application Form to answer the required Underwriting Questions for the Dependents.

A new born baby may be added to the parent's Global Health Access Policy by paying the applicable premium and enjoy cover commencing at the time of birth provided:

- we are requested to add that baby to the parent policy within **thirty (30) days** from the time of birth, and;*
- the baby is at least **15 days** old; and*
- the parent has been continuously covered under the Global Health Access Policy for at least **365 days** when the baby is born; and*
- the baby is insured on the same plan with the parent; and*
- the baby is not born as a premature baby i.e. born before 37 weeks gestation. Upgrade*

5. I want to upgrade my plan

☐ PLAN

From _____ to _____

☐ AREA OF COVER

From _____ to _____

☐ DECREASE ANNUAL DEDUCTIBLE

From _____ to _____

Please answer the following questions truthfully:

1. Are you planning or have you obtained, or been advised to travel outside the area of cover shown for your plan, for medical treatment or medical attention or any medical condition diagnosed or for any symptoms experienced, in the past five (5) years, whether or not medical attentions has been sought?

☐ Yes ☐ No

2. Have you ever been advised, or been diagnosed, or treated for any of the following conditions: brain tumor, cancer, diabetes, hepatitis B, hepatitis C, liver failure/liver cirrhosis, stroke, heart disease* kidney failure, systematic lupus, erythematosus, multiple sclerosis, chronic obstructive pulmonary disease and psychiatric condition?

*Heart disease refers to high blood pressure, high cholesterol, heart attack, heart failure, coronary artery disease, ischaemic heart disease, heart valvular disease, cardiac arrhythmia.

☐ Yes ☐ No

If yes,

- ☐ Hypertension
☐ High Cholesterol
☐ Both
☐ Others: _____

3. Within the last 12 months, have you had, or been advised to have diagnostic/laboratory tests for investigative purposes? Do you foresee in the coming 12 months to consult a medical practitioner or a health professional for follow up consultation or to undergo further investigation or surgery**?

**This would exclude visits for immunizations and for females this would exclude antenatal checkups for uncomplicated pregnancy and non-assisted conception pregnancy/assisted pregnancy.

☐ Yes ☐ No

6. I want to downgrade my plan

☐ PLAN

From _____ to _____

☐ AREA OF COVER

From _____ to _____

☐ DECREASE ANNUAL DEDUCTIBLE

From _____ to _____

7. I want to reinstate my plan

Please answer the following questions truthfully:

1. Have you, or any of the Insured Person under the policy had treatment in hospital or consulted a Specialist/ General Practitioner/ health professional, or intend to or have submitted claim(s) due to their medical condition to AXA Philippines and/or to other insurance company within the last 60 days (that starts from last premium due date of your policy until the date you/policyholder sign this reinstatement application)?

☐ Yes ☐ No

2. Do you, or any of the Insured persons under the policy, have any of the following: 'consultation, treatment, investigation or test' planned or pending (regardless whether it is to be provided by a Specialist or General Practitioner or not)?

☐ Yes ☐ No

8. The Insured Person under plan wants to be covered under the same plan (including Area of Cover, Annual Deductible) but under a separate Policy

☐ Under Family Plan (the Family member should be covered under the policy for at least 1 year)

Full Name	Date of Birth (MM/DD/YYYY)

Upgrade/Downgrade of Plans
(allowed only during Policy Anniversaries)

A plan Upgrade means:

- moving to a higher level plan e.g. from "Gold Lite" to "Platinum"; or
- area of cover change e.g. from "Worldwide ex USA" to "Worldwide"; or
- decreasing the annual deductible option e.g. from "PHP200,000" to "NIL"; or
- Any combination of the Upgrade transaction above even with a Downgrade transaction (as defined below)

A plan Downgrade means:

- moving to a lower level plan e.g. from "Platinum" to "Gold Lite"; or
- area of cover change e.g. from "Worldwide" to "Worldwide ex USA"; or
- increasing the annual deductible option e.g. from "PHP100,000" to "PHP200,000"; or
- Any combination of the Downgrade transactions above

"Subject to AXA Philippines internal rules, you may reinstate the Global health Access policy within sixty (60) days from the last premium date by answering truthfully the required Reinstatement Questions and paying all obligations to put the policy in force."

This is applicable to Insured persons who are no longer eligible for cover under the Global Health Access policy due to:

Under Family Plan:

- Dependent Children Expiry Age
- The Insured Person chooses voluntarily to be covered under a separate policy for any reason
- Policyowner terminated the Global Health Access policy

The original policy should not have been lapsed or upgraded before the transfer to the separate policy.

Application for this request should be requested within 30 days of the termination of coverage from the original Global Health Access policy. The transferring Insured Person is required to accomplish a separate Global Health Access application form (he/she no longer needs to answer the Underwriting Questions)

9. Other Changes

10. Declarations and Agreement

I/We hereby request that my policy be changed in accordance with the particulars as indicated in this application form.

I understand and on behalf of myself/ourselves/and all relevant persons that:

- (1) the request for addition of dependents, plan upgrades or reinstatement which requires evidence of insurability that consist of this application and health declaration and shall not take effect unless all of the following conditions are met:
 - (a) any required payment for the application is paid in full;
 - (b) the application is approved by AXA Philippines in its Head Office during the lifetime and continued insurability of the person or persons insured by the policy
- (2) the request for change which does not require evidence of insurability, shall consist of this application and shall be effective from the date of this request unless a letter date is specifically indicated, but only if the change is provided by the policy or is allowed by AXA Philippines under the policy;
- (3) the relevant Waiting Periods in the Global Health Access policy shall apply upon addition of dependents, plan upgrades and reinstatement and the period of time specified in the said provisions shall run from the date of approval of this application by AXA Philippines;
- (4) this form and the evidence of insurability of the person or persons insured if required by AXA Philippines shall be the basis for the change in this policy and will form part of the policy unless otherwise specified HEREBY, DECLARE AND

AGREE on behalf of myself and other persons referred to in this request form ("Relevant Persons").

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Name of Policy Owner

Signature of Policy Owner

Name of Irrevocable Beneficiary

Signature of Irrevocable Beneficiary

11. How do I track the status of my request

You will be updated through SMS &/or e-mail (if you choose e-notiXes) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:



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customer.service@axa.com.ph



chat via www.axa.com.ph

AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.