

Employee's Application for Group Insurance



In the Philippines, this group insurance product is provided by Sun Life of Canada (Philippines), Inc., a member of the Sun Life group of companies.

In this application, **you** and **your** refer to the person being insured whose information we are processing or disclosing. **We, us, our** and **the Company** refer to Sun Life of Canada (Philippines), Inc

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Others, specify
First Name		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		
Middle Name		Date of Birth (day/month/year)		
Home Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Work Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Mobile Phone No. <small>(country code & mobile no.)</small>		E-mail Address

Beneficiary(ies)

Full Name (Last Name, First Name, Middle Name)

Date of Birth (day/month/year)

Relationship to Employee

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Note: All nominations of beneficiaries are revocable unless otherwise specified.

2 Signatures

By signing, you acknowledge/agree that:

- You understand and agree that your insurance will become effective in accordance with the terms and conditions of the group policy for which this application is made provided that you are Actively-At-Work or actively performing normal daily activities on a full-time basis and have not lost more than two (2) consecutive weeks work as of the effective date of your insurance coverage and the premium corresponding to your insurance coverage has been paid.
- You authorize your employer to deduct from your salary or wages the amount required as your contributions, if any.
- The Company shall process your personal data to: a) evaluate your application and administer your account; b) process transactions and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data.
- Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at <https://apps.sunlife.com.ph/privacy>.
- You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to the policy or their representatives in relation to the processing of this application form.

Signature of Employee	Full Name of Employee
Place of Signing	Date of Signing (day/month/year)

