

Ground Floor King's Court 1 Building
2129 Chino Roces Avenue
Makati City 1231 Philippines
Tel. Nos.: **(63) 2 8929634 to 36**
Fax No.: **(63) 2 8111878**
Website: **www.kaiserhealthgroup.com**

Planholder:	DUMAGAT, AILYN P
Application Number:	201877710gnqqyh
Policy Number	80880-1000130845-00-ULTIMATE
Due Date	11/10/2024
Mode Of Payment	QUARTERLY
No. Of Payments Made	26

Payment made after the printing date may not be reflected in this notice

ACCOUNT SUMMARY

1. Please pay on or before due date. When paying by check, write your name and plan number at the back. Make checks payable to IMG or KAISER.
2. When paying through KAISER (SATR). An Official Receipt (OR) will be issued later to replace the SATR. If you do not receive an OR within a reasonable time, please communicate with KAISER.
3. In the event of non-payment, the plan will lapse a day after due date.
4. The sending of the Notice does not constitute an assurance that the plan is in force. If there is a default in the payment of any installment or violation of any of the provisions or condition of the Plan, then the sending of this Notice is not to be considered a waiver of any of the Company's rights or defense under the Plan.
5. This notice is a service courtesy. Consequently, non-receipt of the notice should not be used as an excuse for delay of payment.
6. If any information shown in this notice does not agree with your records, please contact as KAISER Telephone Nos. (02) 274-8202, 03 & 05 / (02) 504-8811, 12 & 14 for clarifications or email at support@kaiserhealthgroup.com.

Previous Balance	
No. of Installment Due	0
Total Installment Due	0.00
Over/Under Payment	0.00
Surcharge	0.00
Current Charges:	
Premium	7,676.00
Reinstatement Fee	0.00
TOTAL AMOUNT DUE	7,676.00

Plan Name	K-45
Effectivity Date	05/10/2018
Maturity Date	06/10/2039
Modal Installment	7,676.00
Years To Pay	7
Years To Mature	20

If address has been changed, please notify KAISER Office or send this form to Fax No. 811-1878

Planholder's Name: _____
New Address: _____
Residence No.: _____
Office No.: _____
Mobile No.: _____
Signature: _____



Please present this stub when paying your installment.

You may pay at any of following:

- KAISER Sales Counselors nationwide
- International Marketing Group (IMG) Offices nationwide

KAISER INTERNATIONAL HEALTHGROUP PAYMENT FACILITIES:

A. OVER THE COUNTER BILLS PAYMENT FACILITY:

1. Union Bank Current Account No. 00-203-000845-1
(Kindly use your Policy Number as reference number)
2. UCPB Current Account No. 0168-00928-8

B. ON-LINE PAYMENT FACILITY:

1. Log on to www.bpiexpressonline.com (for existing Express Online users)
(Kindly use your Application Number as the reference number)

C. ORDINARY DEPOSIT OVER THE COUNTER:

Acct. Name: KAISER INTERNATIONAL HEALTHGROUP, INC.

1. BPI Family Bank Current Account No. 6251-0171-64
2. BPI Current Account No. 3711-0062-13

D. OTHERS:

1. Credit Card payments through VISA, Mastercard, JCB

Note: For ordinary counter deposit, please fax the deposit slip with complete name and policy number to (02) 811-1878 or send a copy to KAISER Head Office or email at support@kaiserhealthgroup.com

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Previous Balance	
No. of Installment Due	
Total Installment Due	0.00
Over/Under Payment	0.00
Surcharge	0.00
Current Charges:	
Premium	7,676.00
Policy Fee	500.00
Reinstatement Fee	0.00
TOTAL AMOUNT DUE	7,676.00

PLEASE DISREGARD IF PAYMENT HAS BEEN MADE.