

NAME _____
 Last Name First Name Middle Name

ADDRESS (Mailing Address) _____

Number Street Subdivision/Village Barangay

Municipality/City Province Zip Code

PHONE NUMBER/S
 Mobile Number (____)(____)
 Home/Office Phone Number (____)(____) (If provincial, include Area Code)

EMAIL ADDRESS _____

CIVIL STATUS Single Married Separated Widowed GENDER Male Female

DATE OF BIRTH mm____/dd____/yy____ PLACE OF BIRTH: _____

TYPE OF EMPLOYMENT:
 Employed Tax Identification Number (TIN) _____
 Private SSS Number: _____
 Government & Government-related GSIS Number: _____
 OFW
 Position: _____
 Professional
 Business (Self-employed)
 Others
 INDUSTRY _____

BENEFICIARY _____ RELATIONSHIP _____

NAME OF EMPLOYER (if any) _____
 GROUP AFFILIATION OF EMPLOYER (if any) _____
 NAME OF BUSINESS (if any) _____
 NET INCOME: _____

- Please answer all of the following questions with Yes or No.
- Have you been a patient in a hospital, clinic or sanitarium in the past 5 years? Y N
If YES, please give details. _____
 - Have you ever availed of any medical or surgical treatment? Y N
If YES, please give details. _____
 - Have you ever been advised to have any diagnostic test, hospitalization, or surgery which was not done or completed? Y N
If YES, please give details. _____
 - Have you applied for or received payment for sickness/injury? Y N
If YES, please give details. _____
 - Have you been rejected for insurance/health care plans or offered insurance at higher premiums? Y N
If YES, please give details. _____
 - Do you take alcohol, cigarettes, tobacco or any habit-forming drug? Y N
If YES, please give details. _____
 - Have you experienced any abrupt change in body weight recently? Y N
If YES, please give details. _____
 - Are you presently taking any medication? Y N
If YES, please give details. _____
 - (For WOMEN only)
Date of last delivery: _____
Are you pregnant? Y N If YES, how many mos.? _____
Abortion, miscarriage, abnormal labor/pregnancy? Y N
If YES, please give details:
• Name & address of Doctor: _____
• Date of last consultation: _____
• Treatment given/medication prescribed: _____

10. Do you have a personal history of any of the ff. (if YES, encircle the number)
- | | |
|---|--|
| 1. Arthritis/Rheumatism | 20. Hemorrhoids/Anal fistulae |
| 2. Asthma/Tuberculosis/Pulmonary hypertension | 21. High Cholesterol/Dyslipidemia |
| 3. Blood dyscrasia /Leukemia/Anemia | 22. High blood pressure/Hypertension |
| 4. Bone disease/Osteoporosis | 23. Injury from accident or assault |
| 5. Cancer/Malignant tumor | 24. Kidney or urological disease |
| 6. Cataract/Glaucoma | 25. Liver disease/Hepatitis/Cirrhosis |
| 7. Central nervous system disease | 26. Meningitis/Encephalitis |
| 8. Cerebral palsy | 27. Myoma/Ovarian Cyst/Breast mass/Endometriosis |
| 9. Congenital heart disease/MVP | 28. Organ transplant |
| 10. Congenital illness/Down's syndrome/Autism | 29. Physical deformity or disability/Spinal stenosis |
| 11. COPD/Emphysema/Chronic Bronchitis | 30. Prostate Problem |
| 12. Craniotomy/VP shunt | 31. Psychiatric disorder/Psychosis |
| 13. Cyst/Tumor of internal organ | 32. Rheumatic fever/Rheumatic heart disease |
| 14. Diabetes Mellitus | 33. Sexually transmitted disease/AIDS |
| 15. Epilepsy | 34. Stroke/Cerebrovascular accident |
| 16. Eye, nose or throat tumor/Sinusitis requiring surgery | 35. Ulcer/Colitis/Diverticulosis |
| 17. Gall bladder or biliary stones | 36. Urinary tract stone/Chronic renal failure |
| 18. Goiter/Hyperthyroidism | 37. Others/_____ |
| 19. Heart attack/Heart disease | |

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

AUTHORITY TO DISCLOSE By ticking the box, I hereby authorize Malayan to grant the members of the Yuchengco Group of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sales or promotional information campaigns, and provision of any products, services, or offers through mail/email/SMS/telephone, or any type of electronic facility.

IN WITNESS WHEREOF, I have signed this Application on _____ in _____.

Signature: _____ Signature: _____
 (Client's signature over Printed Name) (Date Signed) (Broker, Agent or other Authorized Representative of Client) (Date Signed)

*To be filled up by Company Representative:

Verified by: _____ Date Received: _____
 (Name & Signature of Malayan Insurance frontliner)

DISCLAIMER: This brochure is intended to be a general summary. Malayan Insurance Co., Inc. reserves the right to modify terms, coverage and limits or decline coverage as it deems appropriate. Submission of the filled-out application form does not constitute a commitment to cover and is not a guarantee of acceptance by the Company.



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AVIATION • ENGINEERING • FIRE • MARINE • MISC. CASUALTY • MOTORCAR • PERSONAL ACCIDENT • SURETY
 PA-A139-1021-1



COVID-19 CASH ASSISTANCE

Now with unlimited access to Telemedicine!





MALAYAN'S VITAL COVER

COVID-19 CASH ASSISTANCE

Together, we'll get through this.

As we continue to fight against these challenging and uncertain times brought by the COVID-19 pandemic, the importance of safety and protection has been more emphasized than ever.

Put your health and well-being first with **Malayan's Vital Cover**, a simplified 5-in-1 insurance plan that offers additional COVID-19 protection for as low as Php 600.00 per year.

PRODUCT FEATURES AND BENEFITS


- **COVID-19 Cash Assistance Benefit**
A lump sum benefit for loss of life due to COVID-19 infection.
- **Daily Hospital Income Benefit (due to COVID-19)**
Up to Php 1,250.00 daily cash assistance benefit for every day of confinement due to COVID-19 infection.
- **Dengue – Chikungunya Cash Assistance Benefit**
Lump sum benefit following death due to Dengue or Chikungunya.
- **Accidental Death**
Indemnity for loss of life as a result of an accident.
- **Medical Reimbursement (accidental injuries)**
Expenses incurred for treatment of accidental injuries.
-  **MEDIMATE^{24/7}**
Enjoy unlimited TeleConsults with Primary Care physicians and up to six (6) Specialty Care physician consultations, as well as unlimited referrals for Ground and Paramedic Ambulance, Preventive Care, and COVID-19-related services.



Photo by Freepik

TABLE OF BENEFITS

COVERAGE	PLAN A (Annual)	PLAN B (Annual)	PLAN C (Annual)	PLAN D (Semi-Annual)	PLAN E (Semi-Annual)
Loss of Life Cash Assistance (due to COVID-19)	Php 100,000.00	Php 200,000.00	Php 300,000.00	Php 25,000.00	Php 12,500.00
Daily Hospital Income Benefit (due to COVID-19)*	Php 750.00 /day	Php 1,000.00 /day	Php 1,250.00 /day	Php 750.00 /day	Php 500.00 /day
Loss of Life Cash Assistance (due to Dengue and Chikungunya)	Php 50,000.00	Php 100,000.00	Php 150,000.00	Php 12,500.00	Php 12,500.00
Accidental Death	Php 100,000.00	Php 200,000.00	Php 300,000.00	Php 25,000.00	Php 12,500.00
Medical Reimbursement (accidental injuries)	Up to Php 12,500.00	Up to Php 25,000.00	Up to Php 37,500.00	Up to Php 12,500.00	Up to Php 12,500.00
Access to Malayan's Medimate 24/7	Unlimited	Unlimited	Unlimited	-	-
Premium per person (inclusive of taxes):					
1 to 64 years old	Php 715.00	Php 1,125.00	Php 1,585.00	Php 200.00	Php 130.00
65 to 75 years old	Php 1,015.00	Php 1,765.00	Php 2,365.00	Php 300.00	Php 195.00

*Maximum of fourteen (14) days confinement