

**Date Received:**[illegible]

Health Statements: ✓	YES	NO
1. Have you ever been treated for or been advised by a licensed physician that you have any of the following diseases: Heart, Lung, Nervous, or Kidney Disorder, Hypertension, Diabetes, Cancer or any malignant tumor?	_____	_____
2. Do you have any medical condition not stated above? Please specify: _____	_____	_____
3. Have you been hospitalized, or have been treated by a physician for any reason during the last five (5) years?	_____	_____
4. Are you in good health and free from any physical impairment, deformity or disease?	_____	_____
Important: Non-disclosure of true information may lead to denial of claims.		

**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

No. 318-320 Santolan Rd., cor. 1st and 2nd West Crame
Brgy. West Crame, San Juan City, Metro Manila

AUTHORIZATION TO DEDUCT

TO: PNP FINANCE SERVICE

Please deduct 3% of my basic pay monthly representing **PSMBFI Members Equity Plan** contribution effective _____ and remit the same to Public Safety Mutual Benefit Fund, Inc.

☒ **SIGNATURE:** _____ ☒ **ACCOUNT NO:** _____ ☒ **DATE:** _____

☒ **RANK & NAME:** _____ ☒ **UNIT ASSIGNMENT:** _____

Please deduct an amount equivalent to my rank representing **PSMBFI Basic Group Term Plan** effective _____ and remit the same monthly to Public Safety Mutual Benefit Fund, Inc.

☒ **SIGNATURE:** _____

☒ **RANK & NAME:** _____

RANK	BGTP AMOUNT	COVERAGE
Pat to PSSg	25.00	P47,250.00
PMSg to PEMS	30.00	P54,000.00

RANK	BGTP AMOUNT	COVERAGE
CADET/PLT to PMAJ	50.00	P94,500.00
PLTCOL to PGEN	60.00	P108,000.00

Please deduct an amount equivalent to my rank representing **PSMBFI Burial Assistance Benefit** effective _____ and remit the same monthly to Public Safety Mutual Benefit Fund, Inc.

☒ **SIGNATURE:** _____

☒ **RANK & NAME:** _____

RANK	BAB AMOUNT	COVERAGE
CADET/PLT to PGEN	32.00	P 56,700.00
PAT to PEMS	16.00	P 28,350.00

That I fully understand that the payment of the insurance premium contracts PSMBFI (the insurance company) and the undersigned also known as the member. The insurance company assumes the obligation that may arise thereof. The PNP FS is not privy to the contract between the insurance company and member. But, the BFP FS is merely authorized, pursuant to the GAA, to deduct the insurance premium from the salaries of the employees.

Any change or stoppage of payment shall be effected only upon written request from PSMBFI.



Signature over Printed Name of Insured

Thumbmarks

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SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines.



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

No. 318-320, Santolan Rd., Cor 1st and 2nd West Streets, San Juan, Metro Manila
Tel No 726-1675; 726-8070 TeleFax 726-7250; 725-4725
E-Mail customercare@psmbfi.com.ph

DEPENDENT'S FREE INSURANCE COVERAGE (DFIC)

As member of the Member's Equity Plan or MEP, one of my dependents is insured in the amount of **FIFTY THOUSAND PESOS (P50,000.00)** without additional contribution, as long as my membership is in good standing. This benefit will be governed by the **Supplementary Contract for the DFIC** under the MEP for uniformed and non-uniformed/civilian personnel. PSMBFI shall immediately suspend or withdraw this benefit in the event that it could no longer be sustained.

My civil status at the time of filing of claim shall be the basis in determining the qualified dependent in accordance with the following hierarchy of dependents:

QUALIFIED DEPENDENT OF A SINGLE MEMBER	QUALIFIED DEPENDENT OF A MARRIED MEMBER	QUALIFIED DEPENDENT OF A LEGALLY SEPARATED MEMBER
<p>A. Single with children:</p> <ul style="list-style-type: none">Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Single without qualified children:</p> <ul style="list-style-type: none">Father first, not more than sixty (60) years old/60th birthday.If Father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Single without qualified child and parent:</p> <ul style="list-style-type: none">Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday.	<p>A. Married with children:</p> <ul style="list-style-type: none">Spouse, not more than sixty (60) years old/60th birthday.If spouse is not qualified, Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Married without qualified spouse and children:</p> <ul style="list-style-type: none">Father first, not more than sixty (60) years old/60th birthday.If father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Married without qualified spouse, children and parent:</p> <ul style="list-style-type: none">Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday.	<p>A. Legally separated:</p> <ul style="list-style-type: none">Children based on birth order starting from the oldest to youngest, not more than twenty-one (21) years old/21st birthday. <p>B. Legally separated without qualified children:</p> <ul style="list-style-type: none">Father first, not more than sixty (60) years old/60th birthday.If father is not qualified, Mother, not more than sixty (60) years old/60th birthday. <p>C. Legally separated without qualified children and parent:</p> <ul style="list-style-type: none">Sibling based on birth order starting from the oldest to youngest, not more than sixty (60) years old/60th birthday.

Certification / Authorization

I hereby declare that all statements and answers contained herein are true, complete and correct to the best of my knowledge and belief, and shall form part of my application for Insurance. It is understood and agreed that this Insurance coverage shall take effect on the first day of the month for which the payroll deduction is made, if the payment of contribution is made thru Automatic Salary Deduction or the actual date of payment of first contribution, if directly paid to PSMBFI.

I further authorize PSMBFI to secure from any government office such as the Philippine National Police (PNP) and the National Statistics Office (NSO), any or all information and documents relating to my membership, such as but not limited to Birth Certificate (member and beneficiaries), Marriage Contract (member and beneficiaries), Service Records (member) and Advisory on Marriage (member and spouse).

Member's Signature

Date



PSMBFI PRIVACY AGREEMENT

PSMBFI pledges to provide satisfactory and efficient service to its clients.

With respect to your membership with PSMBFI, the company requests you to provide Personal Data stated in the Membership Application Form, Dependent's Free Insurance Coverage, and Data Update Form as follows:

- Complete Name
- Mailing Address
- Date of Birth
- Marital Status
- Cellphone No.
- E-mail address
- Date entered Service
- Present Assignment (Unit/Region)
- Branch of Service
- Current Rank
- Payslip Account No.
- Type of Personnel
- Health Statement of Member
- Health Statement of Insured Dependent
- GSIS/SSS No.
- Religion
- Designated Beneficiaries

The Personal Data collected and any additional Personal Data that you provide to PSMBFI shall be used to (i) verify your identity, (ii) claim benefits for which you are entitled and (iii) inform you of the company's actions, new products, programs and other information as part of your privileges as a member.

In compliance to applicable laws, regulations and the PSMBFI policy on Data Privacy, the company may share your Personal Data with the following (i) external auditors/actuaries; (ii) service providers; (iii) government and other regulatory agencies (iv) and other third parties engaged by the company to support its business who are likewise bound to keep your Personal Data and use it only for the purposes for which it was disclosed to them.

PSMBFI exercises appropriate security measures to protect Personal Data in your name and shall be retained by the company for a maximum period of 11 years counted from the date when you have terminated, retired, resigned, or claimed your entitled benefits from the company.

As a valued member, you are accorded certain rights in the Data Privacy Act which are as follows: (i) *the right to be informed of Personal Data Processing*; (ii) *the right to reasonably access your Personal Data*; (iii) *the right to correct or update any outdated or false information*; (iv) *the right to withdraw consent or object*; (v) *the right to damages*; (vi) *the right to file a complaint before the National Privacy Commission*; (vi) *the right to data portability*.

For any request to access, correct or delete any Personal Data you have provided us, please email us at customer@psmbfi.com.ph, visit our Main Office or any of our regional offices to update your information.

For any questions and concerns regarding this Privacy Statement, PSMBFI's use of your Personal Data, or your rights under the Data Privacy Act of 2012, please do not hesitate to contact the Data Protection Officer thru this number: (632) 727-9530.

By providing your Personal Data to PSMBFI, you acknowledge that you have read, understood and agreed to all the terms set forth in the PSMBFI Privacy Statement.

Printed Name: ✓ _____
Date Signed : ✓ _____

Signature: ✓ _____
PSMBFI Representative: _____