MAXICARE LIFE INSURANCE CORPORATION
30th Floor, BDO Equitable Tower
8751 Paseo de Roxas, Makati City, 1209, Philippines
Customer Helpdesk: (632) 7777-5433
Email: customercare@maxilife.com.ph
Website: www.maxilife.com.ph

CLAIMANT'S STATEMENT FORM
(Group Policy Death Claim)

Note: This form is to be filled out by the Claimant/Beneficiary. If the Beneficiary is a minor, the Parent or Guardian can fill out the form on behalf of the Beneficiary. Kindly fill out all necessary information completely, use **BLACK INK** and write in **BLOCK LETTERS**. Put a check on the applicable boxes and indicate **N/A** if a question is not applicable.

Policy Number:	**Policyholder's Name:**

Claimant's Name (Last Name, First Name, Middle Name)	Date of Birth (MM/DD/YYYY)	Gender (M/F)
Place/Country of Birth	Citizenship/Nationality (Indicate all)	
Email Address	Mobile Number	
Claimant's Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, Province, Country, ZIP Code)		

CREDIT TO ACCOUNT DETAILS

Bank Name:	Account Name:	Account Type: ☐ Savings ☐ Checking
Bank Branch:	Account No.:	Currency: ☐ PHP ☐ USD

*Ensure that your bank account details are updated and accurate to avoid unnecessary delay in disbursement of funds. Provide proof of account (either a picture of passbook or screen snapshot of online banking account) reflecting the complete bank account name and account number. Charges may apply for other banks.

DECLARATIONS AND DETAILS OF CLAIM

Deceased's Name (Last Name, First Name, Middle Name)		
Residence of Deceased		Occupation of Deceased
Date of Death (MM/DD/YYYY)	Place of Death	Cause of Death
Date the Deceased first complained of last illness (MM/DD/YYYY)	Give indications	

State Deceased's insurance with other companies			
Policy No.	Company Name	Sum Insured	In what capacity do you claim the insurance? ☐ Named Beneficiary ☐ Assignee ☐ Trustee of Minor Beneficiary ☐ Others_____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

I am the Deceased's (state your relationship) _____	Please provide Date of Birth (MM/DD/YYYY)
If an entity claimant, does this policy have a beneficial owner? ☐ Yes, please submit Beneficial Owner form ☐ No	

If an individual claimant, have you or any of your immediate family members or close relationships and associates been entrusted with prominent public, position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization? Yes ☐ No ☐

Is the Claimant a United States citizen, resident or a resident alien (US Green card holder)?
☐ Yes to any, please provide W-9 form (If yes, please skip questions below.) ☐ No

Does the Claimant have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?
☐ Yes, please provide W8-BENform ☐ No
Or was the Claimant born in the US and renounced his US Citizenship?
☐ Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss of Nationality in the US form ☐ No

If you are filing this claim in behalf of minor beneficiary/ies, have you been qualified by any court of law from exercising the right to administer the property of such minor? ☐ Yes ☐ No

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NAMES AND ADDRESSES OF ALL PHYSICIANS WHO ATTENDED TO THE DECEASED

NAME	ADDRESS	DATE (MM/DD/YYYY)	REASON/TREATMENT

NAMES AND LOCATIONS OF ALL HOSPITALS/CLINICS WHERE THE DECEASED WAS TREATED

HOSPITAL/CLINIC	CITY/TOWN	DATE (MM/DD/YYYY)	REASON/DIAGNOSIS

AUTHORIZATION, CONSENT AND DECLARATIONS

I hereby authorize MaxiLife and/or its duly authorized representatives, third parties to secure necessary, relevant information and/or records from any employer, physician, hospital/clinic, other medically related facility, and organization/institution or person, who has records and/or knowledge with regards to sickness and/or injury of the deceased, (Full name of Insured)_____.

I declare that I have carefully read, understood and agree that

a) All statements and answers made and all documents attached are to the best of my knowledge are complete and true, correctly recorded and shall form part of and basis of claim assessment and approval.
b) Any personal information may be collected and held by MaxiLife, its employees, subsidiaries/ affiliates, Brokers, Agents, third parties and its employees, to use, record, organize, store, update, transfer, use for monitoring and/or audit purposes, in relation to:
   i. Processing of this claims request;
   ii. Providing all services needed;
   iii. Communicating with me and to comply with the laws of any applicable jurisdiction.
c) I have the right to access our personal information at any time, correct or rectify any information collected which are inaccurate, false or incomplete; object in any case of any unauthorized collection; erase or block information which is complete, outdated and false; and such other rights as may be available under the Data Privacy Act. This request may be made in writing and submitted to MaxiLife.
d) Notices related to this claim may be sent to me through mail, email or SMS in the details provide above.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

By instructing MaxiLife to directly credit the claims proceeds to my specified bank account number or policy and by accepting MaxiLife's payment of this claim through such direct credit of the proceeds or through check, I, for myself and on behalf of my heirs, relatives, assigns and successors-in-interest, hereby absolutely, fully and completely release, discharge and hold free and harmless MaxiLife and its directors, officers and duly authorized representative from any and all liabilities, responsibilities, demands, claims, expenses and causes of action, in law or in equity, as may arise in connection with this claim or any payment related thereto. I further acknowledge that in the event that an action, demand, complaint, suit, claim or grievance is brought against MaxiLife, its directors, officers, authorized representatives or employees in connection with this claim and payment, this declaration shall be presented in any court or administrative agency to cause immediate dismissal and that I shall defend MaxiLife and fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation or suit to which MaxiLife may be entitled, including all other persons having interests therein or thereby.

I warrant that I fully understand the foregoing statements and I voluntarily executed this release, waiver and quitclaim as my own free act and deed without any duress or intimidation on the part of any person.

MaxiLife collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of MaxiLife's products and services, I agree that the information I provided and any subsequent changes to it (including the information of third parties), with the consent of the data subject concerned, can be processed, shared, disclosed, transferred or used by MaxiLife, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Maxicare Life Insurance Corporation (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the MaxiLife, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the MaxiLife's privacy policy:

- underwriting and approving my application;
- administering, serving and reinsuring my policy;
- marketing (including marketing of products and services offered by any member of the Maxicare Life Insurance Corporation and those of our business partners), promoting, getting feedback on our products and services, and measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the MaxiLife , relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
- for other reasonable purposes related to the services provided.

_____	_____
Claimant Signature over Printed Name	Insurance Agent/Witness Signature over Printed Name
_____	_____
Place of Signing	Agent Code
_____	_____
Date Signed (MM/DD/YYYY)	Date Signed (MM/DD/YYYY)