



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

POLICYHOLDER'S STATEMENT FORM

| | |
|------------|-------------------------------|
| Policy No. | Name of Policyholder (Entity) |
|------------|-------------------------------|

EMPLOYEE'S INFORMATION

| | | | |
|---|----------------------------------|---|---|
| Employee's Name (Last Name, First Name, Middle Name) | | Position/Title | |
| Hired Date (MM/DD/YYYY) | Regularization Date (MM/DD/YYYY) | Separation Date (MM/DD/YYYY), if applicable | Date last reported to work (MM/DD/YYYY) |
| Was employee on leave on the date of event? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the reason. | | | |

DEPENDENT'S INFORMATION (Please fill-out if deceased is a Dependent)

| | | |
|--|--------------------------------------|---|
| Name of Dependent (Last Name, First Name, Middle Name) | Relationship to the Principal Member | Name of Principal Member (Last Name, First Name, Middle Name) |
| Membership Start Date (MM/DD/YYYY) | | Separation Date (MM/DD/YYYY), if applicable |
| Has the membership been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the reason. | | Reinstatement Date (MM/DD/YYYY) |

TYPE OF CLAIM:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Death | <input type="checkbox"/> Disability | <input type="checkbox"/> Critical / Terminal illness |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Cancer |

Date of Event (MM/DD/YYYY) : _____

Amount of Insurance : _____

DECLARATIONS AND AUTHORIZATION

I do hereby certify the truth and correctness of the above information in my capacity as the authorized representative of the Policyholder to support the claim of the Group Insurance Benefit.

Signature over Printed Name of Authorized Representative

Designation of Authorized Representative

Date Signed

Place Signed