

Name of Proposed Life Insured (or Applicant Owner if with Payor's Death Benefit):

Policy/ies / Application Number/s: _____

Date of birth: _____

Please answer the following questions to the best of your knowledge.

1. Do you currently have or have you had any of the following symptoms in the past 14 days?

- Fever
- Sore throat
- Dry cough
- Headache
- Shortness of breath
- Fatigue
- Dysgeusia (distortion of the sense of taste)
- Anosmia (loss of the sense of smell)
- Myalgia/arthralgia (Muscle, joint or body pain)

Please provide further details i.e. dates, duration, treatment, results of investigations (if any), whether symptoms were discussed with a medical professional, name and address of treating doctor/clinic/hospital.

2. Within the past 14 days, have you had any close contact or exposure with someone confirmed as infected with the Covid-19 virus or have been issued any notice or directive to go on self quarantine?

Yes No

If yes, please provide details

3. Have you travelled outside of or from abroad to the Philippines within the past 4 weeks?

Yes No

If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

4. Do you have any plans to travel outside the Philippines within the next 3 months?

Yes No

If yes, please provide information: Country / City / Date of Travel / Intended Duration

I declare that the answers I have given are, to the best of my knowledge, true, correct and complete and that I have not withheld any material fact that may influence the assessment or acceptance of my application for insurance.

I agree that this form will be part of my application for insurance and that failure on my part to disclose any material fact known to me may cause the policy, when issued, to be rescinded.

Signature over Printed Name
of the Proposed Life Insured

Signature over Printed Name of Owner

Date

NOTE: The answers given by the Proposed Life Insured or Applicant Owner in this Questionnaire will not guarantee the approval in any way of the insurance application. The Company reserves the right to further evaluate the application and/or ask for additional information as it may deem necessary.

BDO Life Assurance Company, Inc.

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603