

**APPLICATION FOR
ACCIDENT AND DISMEMBERMENT SECURITY SCHEME (ADSS)
(FAMILY PLAN)**

COC No. : _____

Date Issued : _____

PARTICULARS	PRIMARY	SECONDARY	TERTIARY		
1. Name					
2. Age					
3. Sex					
4. Date of Birth					
5. Place of Birth					
6. Occupation					
7. Sum Insured	P 50,000.00	P 25,000.00	P 10,000.00	P 10,000.00	P 10,000.00
8. Face Value : P <u>105,000.00</u> Premium: P <u>375.00</u>					
9. Address : _____					
10. Period of Cover: From: _____ 12:00noon To: _____ 12:00noon					

I hereby certify that the foregoing information is true and correct, signed in person. If the application shall be approved, the insurance shall be deemed based upon the information contained herein. I further agree that PCIC reserves the right to reject and/or void the insurance if found that there will be fraud, concealment or misrepresentation on this information.

Signed at _____, on this _____ day of _____, 20 ____.

Name and Signature of Witness

Signature of Insured (Primary)