PARAMOUNT DIRECT

APPLICATION FORM

Premium HealthCare Plus Plan

I understand that this does not obligate me in any way & that I will have the opportunity to inspect my policy for up to 10 days before I accept it. I understand that the insurance will take effect when my policy is issued and I have paid my first premium during my lifetime and good health.

15-DAY FREE LOOK GUARANTEE

Please Print (Full Name)

☐ Mr. ☐ Mrs. ☐ Ms. _____
First Name M.I. Last Name

Address _____

_____

Zip Code _____ Male ☐ Female ☐ Place of Birth _____

Date of Birth _____ Age _____ _____

Nationality _____ Mobile No. _____

Tel. No. _____ Email _____

Occupation _____ Weight ____ Height ____

Buss. Address _____

Zip Code _____ Office Tel. No. _____

Please check the plan you require:

☐ Plan 1000 ☐ Plan 2000 ☐ Plan 3000 ☐ Plan 4000

Credit Card Authorization (If paying via credit card only)

I authorize Paramount Life to charge my premiums to my credit card.

☐ American Express ☐ Diners

☐ Any Visa or Mastercard ☐ JCB

Cardholder's Name _____

Card Number _____ Expiry Date _____

Tel./Mobile No. _____ Amount _____

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Data Privacy Act

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, (c) for marketing purposes, and (d) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulations.

I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and customer/client profiling, by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my availment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of my personal data which may be inaccurate or incorrect.

I attest that I have been made aware of and understood my rights as data subject and how these can be exercised, and that I was informed of the nature, extent and processing of the personal data I provided. I understand and agree that the consent hereby given may be revoked or withdrawn though formal written notice to PLGIC.

Finally, I authorize PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties to obtain such other information they may deem necessary to verify or confirm the personal data declared or the documents furnished in relation to this application, and that I agree that such documents may remain in the possession of PLGIC whether or not this application is granted, for the purposes above mentioned.

Cardholder's Signature *(SIGN - DO NOT PRINT)* _____ Date _____

Applicant's Signature *(SIGN - DO NOT PRINT)* _____ Date _____

For inquiries or concerns relating to the privacy and security of your personal data or information submitted to Paramount Life & General Insurance Corporation (PLGIC), please contact the office of the Data Protection Officer (DPO) thru the following:

The Data Protection Officer
15th Floor, Sage House Building
110 V.A. Rufino Street, Legaspi Village,
Makati City 1229

E-mail: dataprotectionofficer@paramount.com.ph
Tel. No.: +632 772 9267
Mobile Nos.: +639176764846

A department of:

PARAMOUNT LIFE & GENERAL INSURANCE