

TRAVELSAFE INSURANCE APPLICATION FORM

This Application Form was issued with Official Confirmation of Coverage (OCC) Number: _____ (For Blue Cross use only.)

Name of Applicant: _____ TYPE OF PLAN (Please check): Individual Family

Home Address: _____

Home Tel. No.: _____ Fax No.: _____ E-mail: _____

Name of Office/Business: _____

Office Address: _____

Office Tel. No.: _____ Fax No.: _____ E-mail: _____

Occupation: _____ Nationality: _____ Civil Status: _____ Gender: M F

Principal Applicant to provide any of the ff. ID numbers: TIN Passport Driver's License Others (Pls. specify) _____ I.D. No.: _____

Purpose of Trip: Business (i.e. attending conference, meeting, etc.) Short-term Study Leisure Others (Pls. specify) _____

PERSONS TO BE INSURED	AGE	BIRTHDATE	PLAN	BENEFICIARY	RELATIONSHIP TO INSURED	PREMIUM

MODE OF PAYMENT: CASH CHECK TOTAL COST _____

ITINERARY: _____ AREA COVERED: _____

COVER TO COMMENCE FROM

month	day	year	

 TO

month	day	year	

 FOR _____ DAYS

The above statements are true and complete and all prospective Insured/s understand that no travel will be made for the purpose of obtaining medical treatment for any existing, recurring, congenital, medical and physical conditions. I understand that any Pre-existing Medical Condition shall not be insured. I understand that for **Family Plans**, Family means Principal Insured Person, including his or her legal spouse and any number of accompanying and dependent children. The Principal Insured Person and his or her legal spouse are persons 18 to 50 years of age. Dependent and accompanying children are persons six weeks to 17 years of age; and who are riding together with their parent/s on the same conveyance (e.g. airplane, ship) on the same departure and return trip.

I understand that under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all insurance companies are required to satisfactorily establish the identities of all its customers. Hence, Blue Cross Insurance, Inc. reserves the right not to accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.

Signature over printed name of Applicant	Date	<i>I certify that I have validated the information in this application against the original I.D. card/s presented and in doing so, have established the applicant's identity.</i>	Signature over printed name of Agent
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NOTE: This application forms part of the contract. For full details, please refer to the Master Policy. A copy is available for inspection at any Blue Cross office or from your Agent. Period covered by this insurance is up to a maximum of 180 days per trip for Tripguard and 60 days per trip for Annual Plans. Period covered by Tripguard Plans may be extended up to 365 days at an additional premium. Any change with regards to the above details should strictly be made prior to the start of the coverage. Otherwise, the Policy is enforced. The period covered by this insurance will be three (3) hours prior to the flight schedule and up to the expiration of this insurance or two (2) hours upon arrival at the point of origin, whichever occurs first. Notice of any claim must be given to the Company within thirty-one (31) days from the expiration of this insurance or of completion of events for which the claim is being made.

EXCLUSIONS

- Medical and physical conditions existing 180 days prior to the scheduled departure flight, or any condition arising from, or contributed by such pre-existing conditions, whether known or unknown to you.
- Traveling contrary to doctor's advice or for the purpose of obtaining medical treatment.
- War and warlike risks, unlawful or criminal acts, willful exposure to danger except to save human life.
- Childbirth and sexually transmitted diseases.
- Intoxication, use of drugs not prescribed by registered physicians, self-injury, suicide or attempted suicide, psychological conditions, mental and nervous conditions.
- Traveling except as fare paying passenger on a fully licensed airline or sea vessel, engaging in any occupation or trade of a manual, hazardous, technical nature.
- Racing (other than foot), professional sports, scuba diving, winter sports, or other hazardous sports or activities. Certain hazardous sports can be covered at additional cost.
- Non-emergency treatment, routine care, convalescent or rehabilitation care, mental or nervous conditions.
- Lost cash, bank notes and traveler's checks.
- Baggage loss without the supporting Baggage Irregularity Report from the airline or police report if such loss occurred outside the custody of the Airline.
- Electronic devices including but not limited to laptops, Personal Digital Assistance (PDA), mobile phones and cameras.
- Delay, detention, confiscation by customs or authorities.
- Obesity, chronic dermatologic condition and any condition arising therefrom.
- Permanent artificial implants, prosthetic devices, graft, durable medical equipment and corrective devices.
- Confinement required wholly for executive check-ups or routine medical examinations or check-ups.

IMPORTANT NOTES FOR FAMILY PLANS

- The Family plan is available if you plan to travel on the same departure and return trip with your family and you are riding on the same conveyance. Also, your legal spouse must be 18 to 50 years old and your children's age must range from six (6) weeks to seventeen (17) years old.
- The spouse and children are entitled to the same benefits as you. One exception is when the children are six (6) to fifteen (15) years old, in which case the Personal Accident Benefit becomes Php100,000, US\$5,000 and €3,000 for all Peso, Dollar and Euro plans, respectively. No Personal Accident Benefit is payable to a child under six (6) years old.
- The maximum limit of the Personal Accident Benefit for the entire family (including you) will not exceed 200% of your Personal Accident Benefit. For all other benefits, the maximum benefit limit of the entire family (including you) will not exceed 300% of your benefits. All benefits are subject to the inner limits of the plan.

REMARKS
(for Blue Cross use only):