



Policy Number

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# Health Care Access Service Request Form

## Important Notes:

1. This form is to be accomplished and signed by the Policy Owner in **BLOCK LETTERS**.
2. The company only requires submission of one (1) copy of this form.
3. Prepare the relevant documents listed in Section 1 and submit them to your Financial Advisor or the nearest AXA branch.
4. All fields are mandatory unless stated otherwise.
5. **Do not sign on a blank form.**

## 1. Requirements

### BASIC REQUIREMENTS

- Completed Health Care Access (HCA) Service Request Form**
- Valid ID of the Policy Owner, Insured, and/or Dependents**
  - Actual IDs must be presented and photocopies submitted
  - At least one (1) must be government-issued and shows date of birth, signature, and photo

### CONDITIONAL REQUIREMENTS *(Submit additional requirements appropriate to your case)*

#### For Addition of Dependents

- New Business Application Questionnaire Form
- Proof of Relationship

#### For Policy Transfer

- Completed Policy Value Withdrawal Form (to pre-terminate old existing policy)

#### For Change of Payment Method

##### Change to Credit Card (CC)

- Proof of Successful Auto-Pay Enrollment
  - Enroll your credit card here: <https://www.axa.com.ph/payments/premium-recurring>

##### Change to Post-dated Check (PDC)

- Post-dated check/s with acknowledgement receipt/s
  - Policy number should be indicated at the back of each check
  - Amount of the check should equal to the modal premium
  - Number of checks submitted should be aligned with the mode of the policy
  - Check date should be equal to the policy due date

##### Change to Auto-Debit Arrangement (ADA)

- Original and validated Auto-Debit Arrangement Enrollment Form

#### For Change of Payment Mode

##### Change to Quarterly (ONLY if the payment method is ADA or CC)

- Payment of shortfall, if applicable

**Note: The Company reserves the right to ask for additional documents as deemed necessary.**

### FOR OFFICE USE ONLY

This serves as an acknowledgement receipt and initial advice of the requirements if initialized.

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Receiving Dept./Office: \_\_\_\_\_

### FOR DISTRIBUTOR'S USE ONLY

Financial Advisor's Code: \_\_\_\_\_

Financial Advisor's Name: \_\_\_\_\_

Financial Advisor's Mobile No.: \_\_\_\_\_

## 2. Service Type

<input type="radio"/> <b>Addition of Dependents</b> <i>(accomplish section 5)</i>	<input type="radio"/> <b>Deletion of Dependents</b> <i>(accomplish section 6)</i>	<input type="radio"/> <b>Plan Upgrade</b> <i>(accomplish section 7)</i>	<input type="radio"/> <b>Reinstatement</b> <i>(accomplish section 7)</i>
<input type="radio"/> <b>Plan Downgrade</b> <i>(accomplish section 8)</i>	<input type="radio"/> <b>Policy Transfer</b> <i>(accomplish section 9)</i>	<input type="radio"/> <b>Change of Payment Mode</b> <i>(accomplish section 10)</i>	<input type="radio"/> <b>Change of Payment Method</b> <i>(accomplish section 11)</i>

## 3. Policy Insured's Details

*These fields are required. Please do not leave them blank.*

### Full Name of Policy Insured

*Last Name*

*First Name*

*Middle Name*

**Is the Policy Insured a US citizen or US tax resident?**  Yes  No

If yes, please provide the details below:

**US TIN/SSN**    -   -

**Is the Policy Insured or their immediate family/close associate a Politically Exposed Person (PEP)?**  Yes  No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

The section below is optional. If you need to update your personal information or contact details, please fill out only the specific fields that require changes.

**Primary Occupation**

**Secondary Occupation**



**Sources of Funds**

Refers to the source(s) of the Policy Insured's funds that will be used for transactions with AXA Philippines. Leave blank if there is a different Policy Owner.

Maturing Investments (PHP \_\_\_\_\_)  Savings (PHP \_\_\_\_\_)  Others: \_\_\_\_\_ (PHP \_\_\_\_\_)

**Sources of Wealth**

Refers to the source(s) of the Policy Insured's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

Salary (PHP \_\_\_\_\_/month)  Business Income (PHP \_\_\_\_\_/month)  Others: \_\_\_\_\_ (PHP \_\_\_\_\_/month)

**Sex**

**Date of Birth (MM/DD/YYYY)**

**Place of Birth**

**Nationality**

Male  Female




**Residence/Present Address**

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

**Personal Email Address**

**Mobile No.**

**Home Phone No. (Optional)**




Note: The email address must be active.

#### 4. Policy Owner's Details (to be filled out ONLY if different from the Policy Insured)

These fields are required. Please do not leave them blank.

**Full Name of Policy Owner**

Last Name

First Name

Middle Name




**Is the Policy Owner a US citizen or US tax resident?**  Yes  No

If yes, please provide the details below:

**US TIN/SSN**    -   -

**Is the Policy Owner or their immediate family/close associate a Politically Exposed Person (PEP)?**  Yes  No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

The section below is optional. If you need to update your personal information or contact details, please fill out only the specific fields that require changes.

**Primary Occupation**

**Secondary Occupation**

**Sources of Funds**

Refers to the source(s) of the Policy Owner's funds that will be used for transactions with AXA Philippines.

Maturing Investments (PHP \_\_\_\_\_)  Savings (PHP \_\_\_\_\_)  Others: \_\_\_\_\_ (PHP \_\_\_\_\_)

**Sources of Wealth**

Refers to the source(s) of the Policy Owner's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

Salary (PHP \_\_\_\_\_/month)  Business Income (PHP \_\_\_\_\_/month)  Others: \_\_\_\_\_ (PHP \_\_\_\_\_/month)

<b>Sex</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Place of Birth</b>	<b>Nationality</b>
<input type="radio"/> Male <input type="radio"/> Female			

**Residence/Present Address**

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

\_\_\_\_\_

<b>Personal Email Address</b>	<b>Mobile No.</b>	<b>Home Phone No. (Optional)</b>

Note: The email address must be active.

**5. Addition of Dependents**

**Limited to spouse, children, and those with insurable interest based on Section 10 of the Insurance Code of the Philippines:**

Every person has an insurable interest in the life and health:

- (a) Of himself, his spouse, and his children;
- (b) Of any person on whom he depends wholly or in part for education or support, or in whom he has a pecuniary interest;
- (c) Of any person under a legal obligation to him for the payment of money, or respecting property or services, of which death or illness might delay or prevent the performance; and
- (d) Of any person upon whose life any estate or interest vested in him depends.

Full Name <small>Last Name, First Name, Middle Name</small>	Date of Birth <small>MM/DD/YYYY</small>	Sex <small>Male/Female</small>	Height <small>m/ft &amp; in</small>	Weight <small>kg/lbs</small>	Nationality	Civil Status	Are you currently employed?		Principal Country of Residence	Relationship to Proposed Principal Insured
							Yes	No		

**6. Deletion of Dependents**

List the family members to be removed in the plan.

Full Name <small>(Last Name, First Name, Middle Name)</small>	Date of Birth <small>(MM/DD/YYYY)</small>

**Notes:**

- Addition and Deletion of Dependents are ONLY allowed during policy anniversaries except for:
- Newborn Babies added within 30 days of the baby's birthday (no need to answer Underwriting Questions)
  - Newly married spouse added within 30 days of the date of marriage

- A newborn baby may be added to the parent's policy by paying the applicable premium, and coverage will commence at the time of birth, provided that:
- We are requested to add that baby to the parent policy within 30 days from the time of birth;
  - The baby is at least 15 days old;
  - The parent has been continuously covered under the policy for at least 365 days when the baby is born;
  - The baby is insured on the same plan as the parent;
  - The baby is not born as a premature baby (e.g. born before 37 weeks gestation);
  - The baby is not born with congenital conditions or defects, or birth anomalies.

## 7. Plan Upgrade or Reinstatement

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Full Name <i>(Last Name, First Name, Middle Name)</i>					
<input type="radio"/> <b>PLAN</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>DECREASE ANNUAL DEDUCTIBLE</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>ADD OPTIONAL BENEFITS</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>ADD RIDER</b>	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster

**Notes:**

Upgrade or Downgrade of Plans is ONLY allowed during policy anniversaries.

A Plan Upgrade means:

- Moving to a higher level plan (e.g. from “Starter” to “Basic”);
- Adding rider;
- Decreasing the annual deductible option (e.g. from “PHP200,000” to “NIL”); or
- Combining any of the Upgrade transaction above even with a Downgrade transaction. Subject to AXA Philippines' internal rules, you may reinstate the policy within three (3) years from the last premium date by answering truthfully the required reinstatement questions and paying all obligations to put the policy in force.

**Please answer the following questions truthfully and accurately if you wish to upgrade or reinstate your policy.**

	Full Name <i>(Last Name, First Name, Middle Initial)</i>	Current Height <i>(ft/in)</i>	Current Weight <i>(lbs)</i>	Do you, or any insured persons under the policy experienced any weight change in the last 12 months?
Principal Insured				<input type="radio"/> Yes <input type="radio"/> No
Dependent 1				<input type="radio"/> Yes <input type="radio"/> No
Dependent 2				<input type="radio"/> Yes <input type="radio"/> No
Dependent 3				<input type="radio"/> Yes <input type="radio"/> No
Dependent 4				<input type="radio"/> Yes <input type="radio"/> No
Dependent 5				<input type="radio"/> Yes <input type="radio"/> No

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
1. Have you or any insured persons under the policy been planning, obtained, or advised to travel outside the area of cover shown for your plan, whether for medical treatment, medical attention, diagnosis, or symptoms experienced, regardless of whether medical attention has been sought?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Since the last date of your application for insurance, reinstatement, or plan modification of this policy with the company:						
a) Have you or any insured persons under the policy been confined to or in need of admission to a clinic, hospital, institution, or other medical facility?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b) Have you or any insured persons under the policy been receiving treatment or taking medication, whether prescribed or over-the-counter?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c) Have you or any insured persons under the policy been treated, operated on, undergone any diagnostic tests, or consulted a specialist, general practitioner, or health professional?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	d) Have you or any insured persons under the policy intended to or submitted claim(s) due to their medical conditions to AXA Philippines and/or other insurance companies?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3.	Do you or any insured persons under the policy have planned or pending consultations, treatments, investigations, procedures, laboratory tests, or check-ups awaiting results, regardless of whether they are to be provided by a specialist, general practitioner, or other health professional?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.	Since the issuance of the policy, have you or any insured persons changed occupation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5.	Since the issuance of the policy, have you or any insured persons changed country of residence?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**If you answered "YES" to any of the above questions, please provide the details below.**

Person to be insured	Question No.	Details

## 8. Plan Downgrade

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Full Name <i>(Last Name, First Name, Middle Name)</i>					
<input type="radio"/> <b>PLAN</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>INCREASE ANNUAL DEDUCTIBLE</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>REMOVE OPTIONAL BENEFITS</b>	From: To:	From: To:	From: To:	From: To:	From: To:
<input type="radio"/> <b>REMOVE RIDER</b>	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster	<input type="radio"/> Annual Benefit Limit Booster <input type="radio"/> Critical Illness Booster

**Notes:**

Upgrade or Downgrade of Plans is ONLY allowed during policy anniversaries.

A Plan Downgrade means:

- Moving to a lower level plan (e.g. from "Basic" to "Starter");
- Removing rider;
- Increasing the annual deductible option (e.g. from "PHP100,000" to "PHP200,000"); or
- Combining any of the Downgrade transactions above.

## 9. Policy Transfer

**Application for this request should be requested within 30 days of termination of coverage from the original Health Care Access policy. The transferring Insured Person is required to submit a separate Health Care Access application form (they no longer need to answer the underwriting questions).**

- UNDER FAMILY PLAN**  
**(The family member should be covered under the policy for at least one year)**

Full Name <i>(Last Name, First Name, Middle Name)</i>	Date of Birth <i>(MM/DD/YYYY)</i>

**Notes:**

This applies to insured persons who are no longer eligible for coverage under the policy due to:

- Under Family Plan:
  - Dependent Coverage Expiry
  - The Insured Person chooses voluntarily to be covered under a separate policy for any reason
  - The Policy Owner terminated the policy

The original policy should not have lapsed or upgraded before the transfer to a separate policy.

### 10. Change of Payment Mode

Annual  Semi-Annual  Quarterly  Monthly

Health Care Access policies with payment modes other than Annual or Semi-Annual requires an auto-collection payment method (ADA or Credit Card only).

### 11. Change of Payment Method

Auto-Debit Arrangement (ADA)  Credit Card (CC)  Post-Dated Check (PDC)  Over-The-Counter Cash  
 Others: \_\_\_\_\_

### 12. Other Changes

### 13. Declarations and Agreement

I hereby declare and agree that:

- The application as indicated above is based on my own judgment and I did not rely on any advice provided by the Financial Advisor.
- All information in the application, to the best of my knowledge and belief, is complete and true.
- Any personal data of the Relevant Persons (Policy Owner, Principal Insured, Dependents) collected or held by AXA Philippines, whether contained in the application or otherwise, may be utilized, stored, disclosed, transferred (whether within or outside the Philippines) to individuals, organizations, corporations, or entities as AXA Philippines may consider necessary, including but not limited to any of its affiliated or related companies, within or outside the Philippines:
  - to process and deal with the application;
  - to provide all services related to the application and promote and improve services by the Company and its affiliated companies;
  - to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction including but not limited to Insurance Commission rules and regulations, the Anti-Money Laundering Act, and the Data Privacy Act.
- If the Relevant Persons fail to provide any information requested in the application, it may result in the Company's inability to process and to deal with the application.
- I have the right to access my personal information at any time; correct or rectify any information collected or held by AXA Philippines which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is incomplete, outdated, or false; and such other rights as may be available under the Data Privacy Act. Such requests must be made in writing and submitted to AXA Philippines.
- Should any statements be incomplete, false, wrong, or inaccurate, or any omissions on my part in disclosing the information, the Company shall have the right to cancel the Policy, repudiate the claim, and forfeit all payments received.
- The Company is not bound by any statement I may have made to any person if not written or printed here.
- The request for the addition of dependents, plan upgrades, or reinstatement requires evidence of insurability that consists of this application and health declaration and shall not take effect unless all of the following conditions are met:
  - any required payment for the application is paid in full;
  - the application is approved by AXA Philippines during the lifetime and continued insurability of the person or persons insured by the policy.
- The request for change, which does not require evidence of insurability, shall consist of this application and shall be effective from the date of this request unless a letter date is specifically indicated, but only if the change is provided by the policy or is allowed by AXA Philippines under the policy.
- The relevant Waiting Periods in the Health Care Access policy shall apply upon the addition of dependents, plan upgrades, and reinstatement, and the period specified in the said provisions shall run from the date of approval of this application by AXA Philippines.
- This form and the evidence of insurability of the person or persons insured, if required by AXA Philippines, shall be the basis for the change in this policy and form part of the policy unless otherwise specified.
- My policy contract, notices, and communications related to my policy may be sent to me via mail, email, or SMS using the contact details I have provided above. I understand that I may contact AXA to update, specify, or change my preferred mode of receiving notices to receiving a hard copy at my registered address instead of via email.
- Before signing this declarations and agreements, I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

## 14. Privacy Policy

Your privacy is a priority for AXA Philippines. To understand more on how we use and protect your personal data, you may refer to our Privacy Policy at <https://www.axa.com.ph/privacy-policy>.

## 15. Acknowledgement and Signature

By signing this form, I acknowledge that above declarations have been thoroughly discussed with me and explained to me by the AXA Financial Advisor.

I consent to receive notices and announcements for marketing and/or cross selling purposes via Short Messaging Services (SMS), email, other electronic platform, or telephone call from AXA Philippines, its affiliates, subsidiaries, including any person or entities providing services on AXA's behalf.

**IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM AND ENSURE YOUR SIGNATURE STAYS WITHIN THE BOX.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.  
*Place of Signing Day Month / Year*

**Name of Policy Owner**

**Signature of Policy Owner**

## How do I track the status of my request?

**You will be updated through email.**  
**If you have any query on your request, you may get in touch with us through**

 **Your AXA Financial Advisor**

**Live chat at**  
<https://www.axa.com.ph/contact-us>

 **Your nearest AXA branch**

**You may also access your policy information and conveniently conduct online transactions through the Emma by AXA PH app or via web at <https://www.axa.com.ph/emma>.**

**Thank you for choosing AXA as your health partner.**