



Policy Number

Grid for policy number input

# Health Care Access Service Request Form

Thank you for choosing AXA as your financial services partner. If you want to change or update the details of your insurance plan, please complete this form and send it with a copy of your valid ID and all supporting requirements to any AXA Branch or submit to your distributor.

We only need one (1) copy of this form. Please DO NOT SIGN ON A BLANK FORM.

## 1. My Service Request

Selection options: Addition of Dependents, Deletion of Dependents, Plan Upgrade, Reinstatement, Plan Downgrade, Policy Transfer, Change in Payment Mode, Change of Payment Method

## 2. My General Information (MANDATORY SECTION. All fields should be provided.)

Send me Policy updates via: E-mail, Post, SMS Notification. My current cellphone no., My e-mail address, My other telephone nos., Consent checkboxes.

## 3. I want to add Dependents under my plan

FAMILY MEMBERS TO BE INCLUDED IN THE PLAN (Limited to Spouse, Children and those with insurable interest based on Section 10 of the Insurance Code of the Philippines.)

Table with 9 columns: Full Name, Date of Birth, Sex, Height, Weight, Nationality, Civil Status, Identity number, Principal Country of Residence, Relationship to Proposed Principal Insured

Sec. 10. Every person has an insurable interest in the life and health: (a) Of himself, of his spouse and of 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.

## 4. I want to remove Dependents under my plan

FAMILY MEMBERS TO BE REMOVED IN THE PLAN

Table with 2 columns: Full Name, Date of Birth (MM/DD/YYYY)

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Receiving Dept./Office: \_\_\_\_\_

### FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code: \_\_\_\_\_ FE/Advisor's name: \_\_\_\_\_ FE/Advisor's mobile number: \_\_\_\_\_

### Notes:

Addition and Deletion of Dependents are allowed only 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

Please fill up the applicable Application Form to answer the required Underwriting Questions for the Dependents.

Please submit a copy of the Dependents' valid ID, Birth Certificate and Marriage Contract (if applicable).

A newborn baby may be added to the parent's Policy by paying the applicable premium and enjoy cover commencing at the time of birth provided:

- we are requested to add that baby to the parent policy within thirty (30) days from the time of birth, and; - the baby is at least 15 days old; and - the parent has been continuously covered under the Policy for at least 365 days when the baby is born; and - the baby is insured on the same plan with the parent; and - the baby is not born as a premature baby i.e. born before 37 weeks gestation. - the baby is not born with congenital conditions, congenital defects or birth anomalies

**5. I want to upgrade or reinstate my plan**

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4
	Full name _____	Full name _____	Full name _____	Full name _____	Full name _____
<input type="radio"/> PLAN	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
<input type="radio"/> DECREASE ANNUAL DEDUCTIBLE	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
<input type="radio"/> ADD OPTIONAL BENEFITS	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____

*Upgrade/Downgrade of Plans  
(allowed only during Policy  
Anniversaries)*

**A plan Upgrade means:**  
 - moving to a higher level plan e.g. from "Starter" to "Basic"; or  
 - any addition of rider; or  
 - decreasing the annual deductible option, e.g. from "PHP200,000" to "NIL"; or  
 - Any combination of the Upgrade transaction above even with a Downgrade transaction (as defined below)

*"Subject to AXA Philippines internal rules, you may reinstate the policy within sixty (60) days 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.**

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4
1. Have you or any of the insured persons under the policy been planning or have obtained, or been advised to travel outside the area of cover shown for your plan, for medical treatment or medical attention or for any medical condition diagnosed or for any symptoms experienced whether or not medical attentions 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
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 of the insured persons under the policy been confined or need to be admitted in 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
b. Have you or any of the 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
c. Have you or any of the insured persons under the policy been treated, operated, undergone any diagnostic test or have consulted a Specialist/General Practitioner/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
d. Have you or any of the insured persons under the policy intend to or have submitted claim(s) due to their medical condition(s) to AXA Philippines and/or to other insurance company?	<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 of the insured persons under the policy, have any of the following: "Consultation, treatment, investigations, procedures, laboratory, or any test" planned or pending or awaiting results of investigation or check-ups (regardless whether it is to be provided by a Specialist or General Practitioner or not)?	<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 details of "Yes" responses in the table below**

Person to be insured	Question No.	Medical Condition	Details

### 6. I want to downgrade my plan

	Principal Insured	Dependent 1	Dependent 2	Dependent 3	Dependent 4
	Full name _____	Full name _____	Full name _____	Full name _____	Full name _____
<input type="radio"/> PLAN	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
<input type="radio"/> INCREASE ANNUAL DEDUCTIBLE	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
<input type="radio"/> REMOVE OPTIONAL BENEFITS	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____	From _____ to _____
<input type="radio"/> DELETE RIDER	<input type="radio"/> Annual Limit Booster Rider <input type="radio"/> CI Booster Rider	<input type="radio"/> Annual Limit Booster Rider <input type="radio"/> CI Booster Rider	<input type="radio"/> Annual Limit Booster Rider <input type="radio"/> CI Booster Rider	<input type="radio"/> Annual Limit Booster Rider <input type="radio"/> CI Booster Rider	<input type="radio"/> Annual Limit Booster Rider <input type="radio"/> CI Booster Rider

A plan Downgrade means:  
 - moving to a lower level plan e.g. from "Basic" to "Starter"; or  
 - any deletion of rider; or  
 - increasing the annual deductible option e.g. from "PHP100,000" to "PHP200,000"; or  
 - Any combination of the Downgrade transactions above

This is applicable to insured persons who are no longer eligible for cover under the policy due to:

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

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

Application for this request should be requested within 30 days of the termination of coverage from the original policy. The transferring Insured Person is required to accomplish a separate application form (he/she no longer needs to answer the Underwriting Questions)

### 7. The Insured Person under plan wants to be covered under the same plan (including Plan Type, Annual Deductible) but under a separate Policy

Under Family Plan (the Family member should be covered under the policy for at least 1 year)

Full Name	Date of Birth (MM/DD/YYYY)

### 8. Change in Payment Mode

Annual     
  Semi-Annual     
  Quarterly     
  Monthly

### 9. Change of Payment Method

Auto Debit Arrangement (ADA)     
  Credit Card     
  Post-Dated Check  
 Cash     
  Others \_\_\_\_\_

For Local Medical Plan policies with Payment Mode other than Annual or Semi-Annual, auto-collection payment method is required (ADA or Credit Card only).

### 10. Declarations and Agreement

I/We hereby request that my policy be changed in accordance with the particulars as indicated in this application form.

I understand and on behalf of myself/ourselves/and all relevant persons that:

- the request for addition of dependents, plan upgrades or reinstatement which requires evidence of insurability that consist 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 in its Head Office 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 policy shall apply upon addition of dependents, plan upgrades and reinstatement and the period of time 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 will form part of the policy unless otherwise specified HEREBY, DECLARE AND AGREE on behalf of myself and other persons referred to in this request form ("Relevant Persons").

- (5) Any of my/our personal information collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be used in connection with matching for whatever purpose with such other personal information and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including without limitation but not limited to any of its affiliated or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines:
- (a) to process and deal with my application/policy;
  - (b) to provide all services related to my application/policy, to promote other products/services by AXA Philippines and its affiliated or related companies/entities, and to process my information for product development and for marketing purposes;
  - (c) to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction. I/We also authorize AXA to disclose my/our personal information to affiliated entity(ies), or to persons or entities providing services on AXA's behalf, or to any medical information sharing facility of the insurance industry, or any government agency requiring such, for any legitimate purpose, including underwriting and administration of insurance coverage and claims, consistent with the purpose for which the information was obtained.
- I/We understand that AXA does not sell any of my/our personal information. I/We understand that we have the right to access our 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 and false; and such other rights as may be available under the Data Privacy Act.
- (6) I/We have the right to request access to and correct any of my/our personal information held by AXA. I/We understand that such request may be made in writing and submitted to the Policy Services Unit of AXA.
- (7) I/We declare that I/we have informed AXA of all my/our citizenships, residencies and tax residencies, and provided AXA with my/our taxpayer identification number(s).
- (8) I/We agree to promptly update AXA of any changes to said information. I/We authorize AXA to disclose my/our personal information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring AXA's compliance with applicable laws and regulations. I/We agree that AXA shall have the right to:
- (a) require the claimant(s) and/or payee(s) of the policy to provide AXA with their above-mentioned personal information and/or sign such documents as AXA may reasonably require;
  - (b) and disclose said personal information to any government or tax authority (whether within or out of the Philippines) for the purposes of AXA's compliance with applicable laws and regulations. If I/we fail to any of the above-mentioned acts, I/we agree that AXA may provide my/our personal information to such government or taxation authority(ies) to comply with the applicable laws and regulations.
- (9) I/We understand that AXA PH will store my/our personal information for at least five (5) years or a period as may be allowed under the Data Privacy Act and applicable laws and regulations.
- (10) I/We understand that AXA PH, upon my/our request, will provide the contact details of the personal information controller or the responsible officer in charge of the custody of my/our personal information.

**IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of Policy Owner

Signature of Policy Owner

**11. How do I track the status of my request**

You will be updated through SMS and/or e-mail (if you choose e-notiXes) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:



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+63 917 1779-292 (Globe)  
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