



## APPLICATION FORM FOR MEMBERSHIP

### Basic Life Insurance Plan (BLIP)

Print Legibly

Name of Applicant ( family name,	first name,	middle name )
Home address , exact mailing address number, street, barangay		Region <b>01</b> Division _____ - Station _____ - Employee Number _____
Municipality / City _____ Province _____		Date of Birth: (mm-dd-yyyy) _____ - _____ - _____
Name of School: _____		Age _____ Gender _____ Civil Status _____
School Address: _____		Zip Code: _____
District: _____		

Status of Employment:  Permanent  ProvisionalMode of Payment  Salary Deduction  Direct RemittancePayment  RPSU (IBM)  Direct

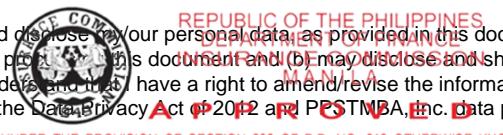
Email Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Landline No.: \_\_\_\_\_

## Beneficiaries

Name ( Surname, First Name, Middle Name )	Date of Birth (mm-dd-yyyy)	Relation	Allocation

 I allow PPSTMBA, Inc. to utilize the information I supplied in this application as basis for any subsequent application for insurance coverage. I hereby state and declare that all the answers contained herein are true and correct and I fully understand that any willful misstatement in age in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my membership and insurance coverage under the basic life insurance plan of PPSTMBA, Inc. at any time such misstatement is known. I declare that to the best of knowledge I am in good health and I am able to perform the normal activities in the pursuit of livelihood at the time of my application with PPSTMBA, Inc. I signify my consent and agree that PPSTMBA, Inc.: (a) may collect, use and dispose my personal data as provided in this document, or obtained by PPSTMBA, Inc. as a result of being its client, for the purpose of providing services in this document and (b) may disclose and share the said information to PPSTMBA, Inc.'s subsidiaries and/or affiliates; and further understand that I have a right to amend/revise the information that I have provided including the deletion of the given information, in accordance with the Data Privacy Act of 2012 and PPSTMBA, Inc. data protection policy. I hereby acknowledge and authorize: (a) the regular submission and disclosure of my credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof and (b) the sharing of my basic credit data with other lenders authorized by CIC, and credit reporting agencies duly accredited by the CIC.

Solicitor: \_\_\_\_\_

25 JAN 2023

DATE

DICKSON H. BARNES  
DEPUTY INSURANCE COMMISSIONER  
MANAGEMENT SUPPORT SERVICES GROUP

Customary Signature of Applicant above Printed Name

MAS Certificate No.: \_\_\_\_\_

Date of Effectivity: \_\_\_\_\_

## REQUIREMENTS:

Please accomplish in **duplicate**  
 Latest payslip  
 Photo copy of One (1) valid ID

## Authorization for DepEd-RPSU Salary Deduction

The Chief  
 Regional Payroll Service Unit  
 DepEd, San Fernando, La Union

Sir/Madam,

Upon approval of this application, I hereby authorize the Region I Payroll Service Unit, Department of Education to deduct the amount of **P 230.00 a month** as contribution for my insurance coverage under **code 047** from my monthly salary. It is understood that the said deduction shall continue unless revoked by the undersigned in writing and sanctioned by the Pangasinan Public School Teachers Mutual Benefit Association, Inc.

Div-Sta-Empl. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

S P E C I M E N

Customary Signature of Applicant above Printed Name