



## APPLICATION FOR PLAN BENEFITS CLAIM FORM

(PLEASE PRINT / WRITE IN BLOCK LETTERS)

POLICY OWNER / MEMBER				
Membership Card Number		Last Name	First Name	Suffix Name Middle Name
Date of Birth (mm/dd/yyyy)	Age	Present Address (House / Lot / Block / Building No. / Building Name / Street No. / Subdivision / Barangay / City / Province)		
Landline Number	Mobile Number	Office Number	Email Address	

### BASIC REQUIREMENTS (Please mark a check (✓) on the box provided)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Photocopy of Health Care Program Agreement (Policy Contract)         | <input type="checkbox"/> 4. Photocopy of two (2) valid government IDs with three (3) specimen signatures |
| <input type="checkbox"/> 2. Photocopy of CHSI Membership Card                                    | <input type="checkbox"/> 5. Filled out Application for Plan Benefit Claims Form                          |
| <input type="checkbox"/> 3. Photocopy of Certificate of Full Payment (for fully paid plans only) |  |

### ADDITIONAL REQUIREMENTS (Please mark a check (✓) on the box provided)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>FOR LOST DOCUMENTS:</b> Notarized Affidavit of Loss and Indemnity Agreement                  |   |
| <input type="checkbox"/> Policy Contract   | <input type="checkbox"/> CHSI Membership Card <input type="checkbox"/> Certificate of Full Payment (CFP)  |
| <input type="checkbox"/> <b>FOR CHANGES IN MEMBER'S INFORMATION:</b>   |   |
| <input type="checkbox"/> Due to Marriage/ Annulment  | <input type="checkbox"/> Any changes in name or other personal information  |
| <input type="checkbox"/> Photocopy of Marriage Certificate   | <input type="checkbox"/> Photocopy of Birth Certificate   |
| <input type="checkbox"/> Court Approved Copy of Annulment  | <input type="checkbox"/> Affidavit of Two Disinterested Persons   |
| <input type="checkbox"/> Completely filled out Amendment Application Form  | <input type="checkbox"/> Completely filled out Amendment Application  |
|  | <input type="checkbox"/> Other supporting documents   |
| <input type="checkbox"/> <b>FOR MINOR MEMBER:</b>  |   |
| <input type="checkbox"/> Photocopy of Birth Certificate  |   |
| <input type="checkbox"/> Photocopy of two (2) valid government IDs of Parent/Guardian with three (3) specimen signatures |   |
| <input type="checkbox"/> Notarized Affidavit of Guardianship (if benefits is being claimed by Guardian)                  |   |
| <input type="checkbox"/> <b>FOR DECEASED MEMBER:</b>   |   |
| <input type="checkbox"/> Photocopy of Death Certificate  | <input type="checkbox"/> Photocopy of two (2) valid government IDs of Beneficiary/ies with three (3) specimen signatures Designated by the Member in the plan |
| <input type="checkbox"/> Photocopy of valid government ID of deceased Member   | <input type="checkbox"/> Notarized Waiver of Rights ( if multiple beneficiaries )   |
| <input type="checkbox"/> Completely filled out Amendment Application Form  |   |
| <input type="checkbox"/> <b>MEMBER IN ABSENCIA:</b>  |   |
| <input type="checkbox"/> Notarized Special Power of Attorney (SPA)   | <input type="checkbox"/> Photocopy of two (2) valid government IDs with three (3) specimen signatures of both the Member and the Representative               |

### IMPORTANT NOTICE

All Members/Claimants must completely submit all the **ORIGINAL** documentary requirements to CHSI **immediately prior** to the release of any plan benefits. **In the meantime, only photocopies shall be accepted by CHSI.**

Signature over Printed Name of Policy Owner/Member / Date

Signature over Printed Name of Parent / Guardian / Date

Signature over Printed Name of Beneficiary / Date  
(for the deceased Member)

### FOR CHSI LIQUIDATION OFFICE ONLY

### For any question or clarification, please contact us at

Received by: \_\_\_\_\_

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

Email: [attyjosebarcelonchsi@gmail.com](mailto:attyjosebarcelonchsi@gmail.com)  
[chsiliquidation@chs.com.ph](mailto:chsiliquidation@chs.com.ph)

Mobile Nos: (+63) 0945-3694376  
Landline: (02) 8635-7150