



DATE OF APPLICATION (mm/dd/yyyy)

APPLICATION FOR PLAN BENEFIT CLAIMS UNDER LIQUIDATION 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. Properly filled out Application for Plan Benefit Claims under Liquidation |
| <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"/> FOR LOST DOCUMENTS: Notarized Affidavit of Loss and Indemnity Agreement | | <input type="checkbox"/> Certificate of Full Payment (CFP) |
| <input type="checkbox"/> Policy Contract | <input type="checkbox"/> Insurance | <input type="checkbox"/> CHSI Membership Card |
| <input type="checkbox"/> FOR CHANGES IN MEMBER'S INFORMATION: | | |
| <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 | <input type="checkbox"/> Completely filled out Amendment Application | |
| <input type="checkbox"/> Other supporting documents | | |
| <input type="checkbox"/> FOR MINOR MEMBER: | | |
| <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 PTV is being claimed by Guardian) | | |
| <input type="checkbox"/> FOR DECEASED MEMBER: | | |
| <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 | | |
| <input type="checkbox"/> Photocopy of valid government ID of deceased Member | | |
| <input type="checkbox"/> Notarized Waiver of Rights (if multiple beneficiaries) | | |
| <input type="checkbox"/> MEMBER IN ABSENCIA: | | |
| <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 Atty-in-Fact | | |

IMPORTANT NOTICE

- Computation of Plan Benefit Claims shall be based on the liquidation value as approved by IC
- Original Copy of ALL required documents shall be submitted during payout of claims.
- In case the Member is not available to pick-up the cheque, a Notarized SPA should be brought by Atty-in-Fact (Representative) together with photocopy of two (2) valid government IDs of both the Member and Representative with three (3) specimen signatures.

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 ONLY

For any question or clarification, please contact us at

Received by: _____

Date Received: _____

Email: chsliquidation@chs.com.ph

Mobile Nos: (+63) 0945-3694376

Landline: (02) 8635-7150