

MUNTINLUPA CARE CARD - Application Form (Part 2)

Direction: Please fill out all information completely. If not applicable, write 'NA'. Shade the appropriate circle. (Direksiyon: Pakipunan ang lahat ng impormasyon sa ibaba. Kung hindi akma, isulatang 'NA'. Itiman ang angkop na bilog.)

CONTROL NO.:

To be provided by authorized personnel.

DATE OF APPLICATION: / /

C. PERSONAL DETAILS / PERSONAL NA DETALYE

C.1 GENDER / KASARIAN Male Female C.2 HEIGHT / TAAS FT INCHES C.3 WEIGHT / TIMBANG KILOS

C.4 CIVIL STATUS Single Married Widower Legally Separated Annulled

C.5 PLACE OF BIRTH / LUGAR NG KAPANGANAKAN
 BARANGAY CITY / MUNICIPALITY PROVINCE

C.6 HOME PHONE NUMBER

C.7 CELLPHONE NUMBER

C.8 RELIGION / RELIHIYON

C.9 E-MAIL ADDRESS

C.10 TAX IDENTIFICATION NUMBER (TIN) - - 0 0 0

C.11 SSS NUMBER -

C.12 UNIFIED MULTI-PURPOSE ID -

C.13 GSIS NUMBER

C.14 ASSOCIATION MEMBERSHIP (TOP 3 ACTIVE)
 1. 2. 3.

D. PRESENT ADDRESS / KASALUKUYANG TIRAHAN (If same as others, blacken the

Same as Comelec Address

appropriate circle on the right. /Kung kaparehas ng iba, itiman ang akmanang bilog sa kanan.)

D.1 HOUSE/LOT/BLOCK/BUILDING NO. & NAME

D.2 STREET / ROAD / AVENUE

D.3 SUBDIVISION / PUROK

D.4 BARANGAY

D.5 YEARS OF RESIDENCY IN MUNTINLUPA / Ilang taon ka ng nakatira sa Muntinlupa?

E. PERMANENT ADDRESS / PERMANENTENG TIRAHAN (If same as others, blacken the

Same as Comelec Address

appropriate circle on the right. /Kung kaparehas ng iba, itiman ang akmanang bilog sa kanan.)

Same as Present Address

E.1 HOUSE/LOT/BLOCK/BUILDING NO. & NAME

E.2 STREET / ROAD / AVENUE

E.3 SUBDIVISION / PUROK

E.4 BARANGAY

E.5 CITY/MUNICIPALITY

E.6 PROVINCE

E.7 ZIPCODE

F. FAMILY BACKGROUND / DETALYE NG PAMILYA

Please shade the circle below if you will declare the following as beneficiary/ies. / Itiman ang bilog kung gusto niyong gawing beneficiary/ies ang mga sumusunod.

	LAST NAME / APELYIDO	FIRST NAME / PANGALAN	DATE OF BIRTH / PETA NG KAPANGANAKAN (MM/DD/YYYY)	AGE AT THE TIME OF DEATH / EDAD NANG NAMATAY	CAUSE OF DEATH / DAHILAN NG PAGKAMATAY
<input type="radio"/> FATHER's NAME / Pangalan ng TATAY	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> years old	<input type="text"/>
	HOMETOWN ADDRESS / TAGA-SAANG PROBINSIYA <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BARANGAY	CITY / MUNICIPALITY	PROVINCE		
<input type="radio"/> MOTHER's MAIDEN NAME / Pangalan ng NANAY sa Pagkadalaga	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> years old	<input type="text"/>
	HOMETOWN ADDRESS / TAGA-SAANG PROBINSIYA <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BARANGAY	CITY / MUNICIPALITY	PROVINCE		
<input type="radio"/> SPOUSE's MAIDEN NAME / Pangalan ng ASAWA sa Pagkadalaga	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> years old	<input type="text"/>
	HOMETOWN ADDRESS / TAGA-SAANG PROBINSIYA <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BARANGAY	CITY / MUNICIPALITY	PROVINCE		

G. NAME OF CHILDREN / PANGALAN NG MGA ANAK

For Non-Single: None / Walang Anak

For Single: Not Applicable / Hindi akma

Please shade the circle below if you will declare the following as beneficiary/ies. / Itiman ang bilog kung gusto niyong gawing beneficiary/ies ang mga sumusunod.

	LAST NAME / APELYIDO	FIRST NAME / PANGALAN	DATE OF BIRTH / PETA NG KAPANGANAKAN (MM/DD/YYYY)	AGE AT THE TIME OF DEATH / EDAD NG NAMATAY	CAUSE OF DEATH / DAHILAN NG PAGKAMATAY
<input type="radio"/> 1ST CHILD			/ /	years old	
<input type="radio"/> 2ND CHILD			/ /	years old	
<input type="radio"/> 3RD CHILD			/ /	years old	
<input type="radio"/> 4TH CHILD			/ /	years old	
<input type="radio"/> 5TH CHILD			/ /	years old	

*If the number of children is more than five (5), please write the succeeding details in a separate sheet. / Kung ang bilang ng mga anak ay higit sa lima (5), paki-sulat ang mga sunod na detalye sa hiwalay na papel.

H. EMPLOYMENT / TRABAHO

Unemployed / Walang Trabaho

H.1 PRESENT OCCUPATION / KASALUKUYANG TRABAHO

H.2 EMPLOYER / PANGALAN NG PINAGTRATRABAHUHAN

H.3 WORK ADDRESS / LUGAR NG PINAGTRATRABAHUHAN

BARANGAY CITY / MUNICIPALITY PROVINCE

I. Undertaking:

By signing this form, I agree and affirm that: / Sa pagpirma ko nito, pumapayag ako at nagsasabi na:

- I have read, understand and agree to abide by the terms and conditions stated in the Muntinlupa Care Card (MCC) Rules & Regulations. / Nabasa, naunawaan at sinasang-ayunan ko ang mga kondisyon, alituntunin at regulasyon na nakasaad sa Muntinlupa Care Card (MCC).
- I confirm that all information provided on this form is true and accurate. / Pinagtitibay ko na ang lahat ng impormasyon na nakasulat dito ay totoo at eksakto.
- I understand that the MCC may undergo reasonable changes from time to time as circumstances require. / Naintindihan ko na ang MCC ay maaring magkaroon ng pagbabago kung kinakailangan o kung hinihingi ng pagkakataon.
- I understand that the MCC will store information provided about me and my family which is appropriate for the smooth function of the MCC. / Naintindihan ko na ang MCC ay magtataglay ng impormasyon tungkol sa akin at sa aking pamilya para sa maayos na operasyon ng MCC.
- I allow the use of my information for related activities. / Pinapayagan ko ang paggamit ng impormasyon tungkol sa akin para sa mga gawaing may kaugnayan sa MCC.

Signature Over Printed Name

Date Signed (MM / DD / YYYY)

Please affix right thumbmark if unable to write

*** For Authorized Personnel Used Only: (Please do not write below this page. / Pakiusap huwag sulatan ang mga nasa ibaba.) ***

Initial Encoding: Signature over printed name

Form Verification: Signature over printed name

Cashier: Signature over printed name

Picture Capture: Signature over printed name

Released By: Signature over printed name

ACCIDENTAL INSURANCE

File Copy

J. Terms & Conditions (Insurance Benefits/Coverage) /**MGA BENEPISYO AT SAKLAW NG INSURANCE:**

J.1. **Accidental Death Benefit (Php 10,000).** If within one hundred eighty (180) days from the date of accident, such injuries result in death of the Insured Individual. / *Benepisyo ng pagkamatay sanhi ng aksidente (Php 10,000). Kung sa loob ng isang daan at walumpung (180) araw mula sa petsa ng aksidente, ang nasabing pinsala ay magresulta sa pagkamatay ng isinegurong (Insured) Indibidwal.*

J.2. **Motorcycling Coverage (Php 10,000).** Coverage for accidental death or disablement sustained while riding any two-wheeled motorized vehicle. / *Saklaw habang nakasakay sa motorsiklo (Php 10,000). Saklaw sa pagkamatay dahil sa aksidente o pagkabaldado habang nakasakay sa anumang uri ng sasakyan na may dalawang gulong na pinapagana ng motor.*

J.3. **Permanent Total Disablement (Php 10,000).** Payable once an Insured becomes disabled permanently, totally and absolutely from engaging in his or her occupation or employment for compensation within twelve (12) calendar months of bodily injury and not followed within twelve (12) calendar months of said bodily injury by death, the Company will pay for the loss of: / *Tuluyang Pagkabaldado (Php 10,000). Pwedeng bayaran ang Insured kapag permanenteng nabaldadong ganap at walang pasubali, mula sa kanyang trabaho o paghahanapbuhay para sa kabayaran sa loob ng labindalawang (12) buwan sa kalendaryo nang pinsala sa katawan nito at hindi tumalima sa loob ng labindalawang (12) buwan sa kalendaryo ng sinabi pinsala sa katawan sa pamamagitan ng kamatayan, ang kumpanya ay magbabayad para sa kawalan ng:*

Description of Disablement / <i>Paglalarawan ng Pagkabaldado</i>	Percentage / <i>Bahagdan</i>
Both hands or both feet or sight of both eyes / <i>Dalawang kamay o dalawang paa o paningin ng dalawang mata</i>	100% = Php 10,000
Total and permanent loss of sight in one eye / <i>Ganap at permanenteng pagkawala ng paningin sa isang mata</i>	50% = Php 5,000
Total loss by physical severance or total and permanent loss of use of: / <i>Kabuuang kawalan ng pisikal na pagkahiwalay/pagkalagot o ganap at permanenteng pagkawala ng paggamit ng:</i>	
Two limbs (arms or legs) / <i>Dalawang Biyas (braso o binti)</i>	100% = Php 10,000
One limb (arm or leg) / <i>Isang Biyas (braso o binti)</i>	50% = Php 5,000

J.4. **Accidental Burial Expense (Php 1,000).** The Policy will pay on top of the Accidental Death benefit up to the benefit limit stated in the policy for burial expense following death directly or solely attributable to the accidental bodily injury. / *Gastos sa pagpapalibing (Php 1,000). Maliban sa benepisyo ng pagkamatay dahil sa aksidente, ang policy ay magbibigay ng benepisyo hanggang Php 1,000 para sa gastos ng libing.*

J.5. **EXCLUSIONS.** The Policy shall not extend to cover: / *MGA HINDI KABILANG.* Ang hindi saklaw ng Policy:

J.5.1. **Death or disablement occasioned by or happening through:** / *Pagkamatay o pagkabaldado dahil sa mga sumusunod:*

(i) **War, Invasion, Act of Foreign Enemy, Hostilities (whether war be declared or not), Strike, Riot, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Military or Popular Rising;** / *Digmaan, panghihimasok, Pagsasagawa ng Dayuhang Katunggali, Pakikipagdigmaan (kung digmaan ay ipinahayag o hindi), Welga, Kaguluhan, Digmaang Sibil, Paghihimagsik, Pag-aalsa, Insureksyon, Mutiny, Militar o Pagkamkam ng Kapangyarihan, Militar o Popular Rising;*

(ii) **Suicide or Attempted Suicide (sane or insane), Alcoholism, or Insanity;** / *Pagpapakamatay o pagtangkang pagpapakamatay (matino o di matinong pag-iisip), Alkoholismo, o Pagkabalaw;*

(iii) **Earthquake, Volcanic Eruption, or Tidal Wave;** / *Lindol, Pagsabog ng Bulkan, o Agwahe;*

(iv) **Any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war.** / *Anumang sandata o instrumentong gumagamit ng "atomic fission" o "radioactive force", kahit na oras ng kapayapaan o digmaan.*

J.5.2. **Death or disablement caused by murder or assault (provoked & unprovoked) or any attempt threat.** / *Kamatayan o pagkabaldado dahil sa pagpatay o pag-atake (naudyukan man o hindi) o kahit anong tangka.*

J.5.3. **Death or disablement occurring whilst the Insured is operating or learning to operate or serving as a crew member of an aircraft or sea craft.** / *Kamatayan o pagkabaldado habang ang "Insured" ay nagpapatakbo, natututo o nagseserbisyo bilang kawani ng mga sasakyang panghimpapawid o pangdagat.*

J.5.4. **Death or disablement occasioned by or happening through pregnancy or childbirth with respect to women.** / *Kamatayan o pagkabaldado habang nagbubuntis o nangananak para sa mga kababaihan.*

J.5.5. **Death or disablement caused while the Insured is performing or attempting the performance of an unlawful act.** / *Kamatayan o pagkabaldado habang ang "Insured" ay nagsasagawa o nagbabadyang magsagawa ng gawaing hindi alinsunod sa batas.*

J.5.6. **Death or disablement whilst the Insured is engaged in any dangerous sports or hobbies such as racing on wheels, glider flying, sailing or other hobbies which are comparably dangerous and risky.** / *Kamatayan o pagkabaldado habang ang "Insured" ay nagsasagawa ng anumang mapanganib na "sports" o libangan katulad na pakikipagkarera ng mga sasakyang may gulong, "glider flying, sailing" o kahit na anong libangan na maihalintulad bilang mapanganib at peligroso.*

Signature Over Printed Name

□□ / □□ / □□□□

Date Signed (MM / DD / YYYY)



Please affix right thumbmark if
unable to write

ACCIDENTAL INSURANCE

Resident's Copy

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Signature Over Printed Name

□□ / □□ / □□□□

Date Signed (MM / DD / YYYY)



Please affix right thumbmark if
unable to write