



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

DEPENDENT'S FREE INSURANCE COVERAGE

MEMBER'S INFORMATION			
Last Name	First Name	Middle Name	Qualifier
✓	✓	✓	✓
✓ Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er		Contact Numbers: ✓	
INSURED DEPENDENT			
Name	Date of Birth (mm/dd/yy)	Age	
✓	✓	✓	
Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Child			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Health Declaration:			
✓ Health Statements			Yes No
a. Has he/she ever been treated for or been advised by a licensed physician to have any of the following: heart, lung, nervous, or kidney disorder, hypertension, diabetes, cancer or any malignant tumor.			[] []
b. Does he/she have any medical condition not stated above? Please specify : _____			[] []
c. Has he/she been hospitalized, or have been treated by a physician for any reason during the last 5 yrs ?			[] []
d. Is he/she in good health and free from any physical impairment, deformity or disease ?			[] []
Important : Non-disclosure of true information may lead to denial of claims.			
It is understood and agreed that the above-named dependent shall continuously be covered by insurance unless changed by the undersigned, no longer eligible due to age limit, or membership has been terminated.			
The designated dependent is covered by life insurance in the amount of FIFTY THOUSAND PESOS (P50,000.00) as long as my membership in the MEMBERS EQUITY PLAN (MEP) is in good standing or unless otherwise rescinded. This benefit is governed by the Supplementary Contract for Free Insurance Coverage of Dependent under the MEP for uniformed and non-uniformed/civilian personnel. PSMBFI shall immediately suspend or withdraw this benefit in the event that it could no longer be sustained.			
✓ _____ (Member's Signature)	✓ _____ (date: dd/mm/yy)	_____ (PSMBFI Representative)	_____ (date: dd/mm/yy)

HIERARCHY IN THE ENROLLMENT OF A DEPENDENT:

A. SINGLE with children:	B. MARRIED	C. LEGALLY SEPARATED
<ul style="list-style-type: none"> • Oldest to youngest child, not more than 21 years old 	<ol style="list-style-type: none"> 1. Spouse, not more than 60 years old 2. Oldest to youngest child, not more than 21 years old 	<ul style="list-style-type: none"> • Oldest to youngest child, not more than 21 years old
SINGLE without qualified children:	MARRIED without qualified spouse and children:	LEGALLY SEPARATED without qualified children:
<ol style="list-style-type: none"> 1. Father, not more than 60 years old 2. Mother, not more than 60 years old 	<ol style="list-style-type: none"> 1. Father, not more than 60 years old 2. Mother, not more than 60 years old 	<ol style="list-style-type: none"> 1. Father, not more than 60 years old 2. Mother, not more than 60 years old
SINGLE without qualified child and parent:	MARRIED without qualified spouse, children, and parent:	LEGALLY SEPARATED without qualified children and parent:
<ul style="list-style-type: none"> • Oldest to youngest sibling, not more than 60 years old 	<ul style="list-style-type: none"> • Oldest to youngest sibling, not more than 60 years old 	<ul style="list-style-type: none"> • Oldest to youngest sibling, not more than 60 years old