



COUNTRY BANKERS LIFE INSURANCE CORPORATION

CLAIMS FILING AND SETTLEMENT PROCEDURES
Plan – Individual / Group Insurance

I. CLAIM REQUIREMENTS

A. CBLIC FORM

- 1) **Notarized Claimant's Statement** (yellow form) – to be accomplished by the designated beneficiary/ies
- 2) **Notarized Attending Physician's Statement (APS)** – to be filled-out by the doctor who last attended the deceased-insured
- 3) **Certificate of Identification** (blue form) – to be accomplished by any disinterested party (preferably the Barangay Captain), who has seen the corpse; should not be a relative of the deceased

B. FROM THE FAMILY OF THE DECEASED BORROWER

- 4) **Death Certificate** – duly registered by the Local Civil Registrar, Civil Registrar General or NSO
- 5) **Birth Certificate of deceased-insured** – duly registered by the Local Civil Registrar, Civil Registrar General or NSO
- 6) **Marriage Contract** – if deceased-insured is survived by a spouse-beneficiary, duly registered by the Local Civil Registrar, Civil Registrar General or NSO
- 7) **Birth Certificate of children-beneficiaries** – duly registered by the Local Civil Registrar, Civil Registrar General or NSO
- 8) **Original copy of Policy and/or Certificate of Insurance**
- 9) **Past and Present medical history/records of the deceased borrower**
- 10) **Police or NBI Report** – for death due to accident/suicide/self-inflicted injuries (original or certified true copy)
- 11) **Autopsy Report**, if a post-mortem examination was taken (original or certified true copy)
- 12) **2 Valid ID's** of the deceased borrower with picture and signature (e.g. Senior Citizen's Card, SSS ID, Driver's License, Postal ID, Passport, etc.)
- 13) **Certificate of Outstanding Loan Balance from** _____
- 14) **Other Requirements:** _____

II. CLAIMS PROCEDURE

- Upon completion of the claim requirements, send the documents to CBLIC Head Office:
Claims Department
4th Floor Country Bankers Centre
648 T.M. Kalaw Street, Ermita, Manila
Tel. No. 523-8611 to 18 loc. 221
Cell Phone no/Viber: 0998-972-42-54
- If there would be additional requirement/s needed by CBLIC aside from the abovementioned, early compliance is necessary to enable CBLIC to process the claim immediately.
- The bank and the family of the deceased borrower shall be notified of the action taken on the claim
- CBLIC shall settle claim through check



COUNTRY BANKERS Life Insurance Corporation

STATEMENT OF CLAIMANT

I/We have the honor to make the following statements and to give answers to the questions in connection with the insurance under Policy No/s: _____
Assured: _____ in the amount of Ps _____;
Plan: _____ Effective Date: _____ issued by the
COUNTRY BANKERS LIFE INSURANCE CORPORATION.

I/We submit these statements and answers to form part of the proof of death of _____ and my/our claim for payment of the _____ benefit of said Policy.

Every question must be fully answered, and the Corporation reserves the right to require further information should it be deemed necessary. (Please write all answers clearly)

- I. a) Name/s of Claimant/s in full _____
b) Age/s of Claimant/s _____
c) Residence/s of Claimant/s _____
- II. a) Name of deceased in full _____
b) Residence of deceased when policy was issued _____
c) Residence of deceased at the time of death _____
- III. a) Occupation of deceased when policy was issued _____
b) Occupation at the time of death _____
- IV. a) Deceased's place of birth _____
b) Deceased date of birth _____
c) Upon what source of information do you base your answers to the preceding questions? Family records _____ Birth Certificate _____ Baptismal Certificate _____
- V. a) Place of death _____
b) Date of death _____
c) Cause of death _____
d) State any other facts regarding matter of death _____
- VI. a) Give details of any illness, other than last one ever suffered by the deceased _____
b) Give names and addresses of every physician who attended the deceased during the year prior to his death _____
- VII. a) Give date and hour when deceased first complained of last illness _____
b) Give date and hour of first visit by attending physician _____
- VIII. a) Has the policy ever been assigned? Yes _____ No _____
To whom and when? _____
b) Are there any endorsements on the policy other than those made by the corporation? (Furnish a certified copy if so) _____
- IX. a) In what capacity, or by what title, do you make this claim _____
b) Are you legally entitled to receive the entire amount payable on the policy _____
c) Who has been paying the premium on the policy? _____
- X. In what other companies and for what amounts was the deceased insured? _____
- XI. Are there any proceedings in insolvency or suspension of payment to creditors now pending against the insured or any of the claimants? _____
- XII. Do you guarantee that all the statements and answers made by you in this questionnaire are true and that you have not concealed any materials fact from the corporation? _____

Having been duly sworn, I/We hereby depose and say that the foregoing statements and answers to the questions are true and full to the best of my/our knowledge and belief.

WITNESS _____ hand/s, this _____ day of _____, 20 ____ at the Municipality of _____ Province of _____.

CLAIMANT

Residence Certificate No. _____

Issued at _____

on _____

CLAIMANT

Residence Certificate No. _____

Issued at _____

on _____

Witness

NAME

ADDRESS

NAME

ADDRESS

On this _____ day of _____, 20____, personally appeared before me the above named _____ to me known, who subscribed the foregoing statements in my presence and made oath that the answers to the questions therein made by _____ are TRUE and FULL, to the best of _____ knowledge and belief.

WITNESS MY HAND and SEAL.

NOTARY PUBLIC

Until December 31, 20____

PTR No. _____

Issued on _____

at _____

Doc. No. _____

Page No. _____

Book No. _____

Series of 20 _____

THIS STATEMENTS MUST BE MADE BEFORE A NOTARY PUBLIC OR OTHER OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND HIS OFFICIAL SEAL AFFIXED, OR, IF HE HAS NO SEAL, AUTHORITY AND THE GENUINENESS OF HIS SIGNATURE MUST BE ATTESTED BY A JUSTICE OF PEACE OR BY THE CLERK OF A COURT OF RECORD



COUNTRY BANKERS Life INSURANCE CORPORATION

PHYSICIAN'S STATEMENT

- =====
- I. a.) Deceased's Full Name _____
b.) Residence at death _____
c.) Apparent age at death _____
- II. a.) Date of death _____
b.) Place of death _____
- III. a.) Immediate Cause of death _____
b.) Duration of immediate cause _____
c.) Contributory cause of death _____
d.) Duration of contributory cause _____
- IV. a.) First indication of failing health _____
b.) When were they first noticed? Date and Hour _____
c.) Other diseases suffered by the deceased _____
d.) Duration of each disease _____
e.) Before the deceased died, how long had he/she been confined in bed or prevented from attending the business? _____
- V. a.) Date of FIRST attendance to last illness _____
b.) Date of LAST attendance to last illness _____
c.) If death was due to suicide, homicide or accident, state which and describe briefly _____

d.) Did you personally see the remains of the deceased? _____ If not, who did?
Give name, complete address and relationship to the deceased _____

- VI. Please give particulars of each condition for which you treated or advised the deceased prior to last illness:
- | NATURE OF CONDITION | DATE | DURATION | RESULT |
|---------------------|-------|----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- VII. a.) Did the deceased use alcohol beverages of any kind? if so, to what extent or effect? _____
b.) Was there any autopsy or post-mortem examination on the body of the deceased? If so, state which, by whom, and what were the findings? _____

- VIII. a.) Please give names and addresses of all physicians who attended the deceased during the past five (5) years
- | NAME | COMPLETE ADDRESS |
|-------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- IX. a.) From what school/s did you receive your medical education? _____

b.) When and from which did you graduate? _____

Having been duly sworn, I hereby depose and say that the statements in the foregoing answers are TRUE and CORRECT, to the best of my knowledge, information and belief; and that there are no material facts in the case which are not disclosed.

Dated at _____ this _____ day of _____, 20 _____

ATTENDING PHYSICIAN'S SIGNATURE

NAME IN PRINT

ADDRESS

Witness:

SIGNATURE

NAME IN PRINT

=====

On this _____ day of _____, 20 _____, personally appeared before me the above named _____ with Residence Certificate no. _____ issued on _____ at _____ to me known, who being by me duly sworn, deposed and said that the answers to the above questiond are TRUE and CORRECT to the best of his/her knowledge, information and belief and subscribed the same in my presence.

WITNESS MY HAND and SEAL

NOTARY PUBLIC

Until December 31, 20 _____

PTR No. _____

Issued at _____

on _____

Doc.No. _____

Page No. _____

Book No. _____

Series of 20 _____



COUNTRY BANKERS Life Insurance Corporation

CERTIFICATE OF IDENTIFICATION

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This certificate of identification of _____ insured under Policy/Certificate No/s _____ issued by the COUNTRY BANKERS LIFE INSURANCE CORPORATION herein called the corporation, reported to have died on the ____ day of _____, 20____ should be answered by a competent person not a relative of the deceased, or if possible by the agent who sold the policy. If he cannot answer the questions from personal knowledge, he is requested to do so from his best knowledge, information and belief, stating the basis of such knowledge, information or belief.

=====

I. a) Name of deceased _____
b) Residence _____
c) Occupation at the time of death _____

II. a) Age of deceased _____
b) Height _____ c) Weight _____
d) Color of Hair _____ e) Color of Eyes _____
f) Race _____

III. a) Place of birth _____
b) Date of birth _____

IV. Have seen the body of the deceased? Is it, to your knowledge, the body of the person described in the above named policy/certificate of insurance? _____

V. If you have seen or identified the body, have you satisfied yourself by other evidence, that the deceased was the person insured under the above policy?
Explain fully such other evidence. _____

VI. Mention any scar, birthmark, defect or special mark of identification on the body of the deceased. _____

=====

Dated at _____ this ____ day of _____, 20____

SIGNATURE

PRINTED NAME

ADDRESS

Witness:

NAME

ADDRESS