

## CUSTOMER INFORMATION UPDATE FORM

Please list down the names of your company representatives whom you would want to be given access to the InLife Group Portal. Please be reminded that these individuals will be able to access your company, policy, and member information which may contain personal and sensitive information.

Company Name : \_\_\_\_\_  
 Main Line of Business/ Industry Classification : \_\_\_\_\_  
 TIN Number : \_\_\_\_\_  
 Office Address : \_\_\_\_\_  
 Phone Number : \_\_\_\_\_

| Name of Representative | Position / Designation | Email Address | Office Number and Local | Role * |
|------------------------|------------------------|---------------|-------------------------|--------|
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\*Kindly take note of the following roles.

1. Authorized Representative – this is the person duly authorized by your company to sign documents and transact with us for your servicing requirements such as payment of claims, policy amendment, etc.
2. Plan Administrator – this is the person appointed by the Authorized Representative to oversee the administration of the Group insurance policy. She will be Insular Life's point person who is in charge of reporting of member movements, reporting of claims, receiving and reconciliation of insurance billing, coordination of claim status and requirements to member/beneficiaries, receiving of checks (refunds and claims), processing of premium payments, and addressing/coordination of member inquiries and concerns to Insular Life.
3. Billing Officer – this is the person appointed by the Authorized Representative to report member movements, receive and reconcile insurance billing, receive refunds, and process premium payments.
4. Claims Officer - this is the person appointed by the Authorized Representative to report claims, coordinate claim status and requirements to member/beneficiaries, and receive checks for claims settlement.
5. Payroll Officer - this is the person appointed by the Authorized Representative to report salaries and promotions of members, particularly for policies whose benefits is a multiple of salary.

Signed at \_\_\_\_\_ on \_\_\_\_\_

By:

\_\_\_\_\_  
 Name and Signature of  
 Authorized Signatory/Designation

You can initially fax back this letter at (632) 818-7132 or email the same at \_\_\_\_\_@insular.com.ph