



## Insurance Transaction Form

**Date:** \_\_\_\_\_

**Please choose product/ Service:**

<b>SUNLIFE</b>	
<input type="checkbox"/> Xpress OFW Care Plus	<input type="checkbox"/> Xpress Care Advantage
<input type="checkbox"/> Xpress Utility for Life	
<b>FPG</b>	
<input type="checkbox"/> Expresscare	
<b>Principal Insured Information:</b>	
First Name:	
Middle Name:	
Last Name:	
Suffix:	
Address:	
Date of Birth:	
Mobile Phone:	
Signature:	

**Declaration and Representation**

By signing on this transaction form, I declare that:

1. I am (i) between 18 to 65 years old; (ii) physically and mentally healthy; (iii) never had any congenital birth disease, heart disease, high blood pressure, lung, kidney ailment, tumor, mass or cancer or any other physical impairment; (iv) have not undergone operations, any medical procedure, including surgical diagnostic procedures nor have been hospitalized; and (v) not been treated for any illness in the past twelve (12) month.
2. I understand that the information collected, to be processed and retained shall be for the following purposes; customer identification & profiling, direct marketing and cross-selling of ExpressPay Inc. services. I have been informed beforehand that I have the option not to give my personal information, in which case, understand that my transaction will not be processed. I have also been informed that I can make an amendment to any inaccurate information and that I have the option to withdraw my consent prior to the processing of my transaction by emailing ExpressPay Inc. at support@expresspay.com.
3. I hereby certify that the foregoing information is voluntarily given and is true and correct to the best of my knowledge. Furthermore, I hereby authorize ExpressPay Inc. to dispose to its partners of other clients my above information to aid in any and all investigations that might be initiated on accounts of, or in relation to any concerns that may arise out of this transaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Verified By: Branch Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date