



A Lifetime for Good

The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph • Website: www.insularlife.com.ph
Tel.: (632) 8582-1818 • TIN 000-464-124 Non-VAT

Request for LETTER OF AUTHORIZATION (LOA)

To be accomplished, scanned and emailed to Banca Support Section – UnionforLife@insular.com.ph

Name of Proposed Insured (Given Name, Middle Name, Surname)	
Date of Birth (MM/DD/YYYY) / Sex	
Insurance Application (IC) Number	
Plan / Face Amount (Sum Insured)	
Total Existing Coverage	
Rider(s) being applied for	
Preferred Clinic and Address	
Preferred Date and Time of Medical Examination	
If Medical Examiner is preferred, Client's Residence or Office Address (please include a sketch of the address)	
Preferred Date and Time of Medical Examination	
Mobile Number(s) and/or Telephone No.	
Medical Requirement(s)	
Requested by (Name of FA/RM/UBP Branch Operations) and UBP branch affiliation	
Code Number	
Requestor's Telephone or Mobile Number(s)	

Signature of Requestor: _____

_____ Date

Checked by: _____

Printed Name, Signature & Designation

_____ Date