-TRANSLATION -

Application of Group Life Insurance for the Insured Person

Policy Number ……

Membership Number ……

Name of the Policyholder……

Warning of the Office of Insurance Commission (OIC): The insured person shall answer all questions on an actual basis. The concealment of any facts may cause the denial of the life insurance company not to pay indemnity under the life insurance contract according to the Civil and Commercial Law under Section 865.

Part 1 **Question regarding the insured person's personal data and the detail of the insurance application**

1. Name and Surname of the Insured Person ……Old Name and Surname ……

Sex ☐ Male ☐ Female Nationality ……In the case of holding more than one nationality, please specify ……

has applied for insurance in his/her capacity as ☐ Employee/Member ☐ Spouse ☐ Child ☐ Father/Mother

Name and Surname of the Employee/Member ……

Status ☐ Single ☐ Married ☐ Widow ☐ Divorced Age ……. Years Birth Date …….. Month …… Year …… Country of Birth ……

Identification Number or Passport Number in case of a foreigner …… Expiration Date ……

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2. Address and Office

a. House Registration Address

No. …… Village/Building …… Village No. …… Lane/Alley …… Road ……

Sub-district/Tambon …… District/Amphoe …… Province …… Postal Code ……

Country …… House Phone …… Mobile Phone ……

E-mail ……

b. Current Address ☐ same as the House Registration Address

No. …… Village/Building …… Village No. …… Lane/Alley …… Road……

Sub-district/Tambon ……District/Amphoe …… Province …… Postal Code ……

Country…… House Telephone …… Mobile Phone ……

E-mail ……

c. Workplace ☐ same as the House Registration Address ☐ same as the Current Address

Name of Work Place …… Building …… No. …… Village No. ……

Lane/Alley …… Road …… Sub-district/Tambon …… District/Amphoe ……

Province …… Postal Code …… Country …… House Telephone ……

Mobile Phone …… E-mail ……

d. Convenient Contact Place ☐ House Registration Address ☐ Current Address ☐ Workplace

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3. Permanent Occupation …… Position …… Working Commencement Date of the Employee/Member ……

Nature of Job Done ……Nature of Business ……

Yearly Income …… Baht

-TRANSLATION -

4. Detail regarding the insurance application

The insured person shall fill in the detail of the insurance type with the following detail.

Name of Insurance Contract Type ……..

Sum Assured ……..... Baht Life Insurance Premium …… Baht

5. Detail of the beneficiaries (if not specifying the share of beneficiaries, it shall be deemed that benefit is equally shared.)

Name and Surname of the beneficiary	Identification/Passport Number/documents issued by the government agencies	Age (years)	Relationship	Address	Percentage of the benefit

6. Has the insured person ever been denied, postponed from insurance, increased for the premium rate, revised with the conditions to apply for the insurance or apply for the recovery of the existing status or apply for the renewal of the insurance policy from this Company or other companies? ☐ No ☐ Yes (if yes, please specify the detail.)

Company	Cause	When

7. Has the insured person smoked or used to smoke other types of cigarettes or tobacco?

☐ Not smoked/never ☐ Smoked/used to smoke, please specify the quantity …… rolls/day, long smoking for …… years.

☐ Stopped smoking at the time of ……..

8. Height …… cm. Weight …… kgs.

Has your body weight changed in the past 6 (six) months period?

☐ No ☐ Yes, increasing by ……..... kgs., decreasing by …… kgs., cause of weight change by ……..

Part 2 Question regarding the health of the insured person's family members

9. Have the insured person's family members (father, mother, husband, wife, brothers, and sisters of full blood of father and/or mother) ever been diagnosed by the physician to be ill or ever ill with Cardiopathy, Stroke, Cancer, Diabetes, Hypertension, Suicide Attempt or Mental Illness, Haemopathy or Hepatitis virus, HIV, Multiple Sclerosis, Alzheimer's Disease or Parkinson's Disease?

☐ No ☐ Yes, if being ill, please specify the detail and disease's name……..

Part 3 Question regarding the insured person's illness or disease treatment history

10. Health history in the past period

Within the past 5 years period, has the insured person ever been injured or ill until hospitalization, or has ever been examined for health or examined for diagnosing the disease, such as blood pressure, urinalysis, X-ray, blood test, Magnetic Resonance Imaging (MRI), Ultrasound, Endoscopy, Mammogram, Electrocardiogram, Biopsy, Medical Technology, other ways of examination), or ever been gone under operation or obtained the advice from the conventional medicine or alternative medicine for any treatment?

☐ No ☐ Yes, If yes please specify the detail.

-TRANSLATION -

Disease	Treated/examined Date/Month/Year	Examination/treatment result	Medical facility for examination/treatment (please specify if naming the physician)

11. Has the insured person ever been diagnosed or treated or observed by the physician to be ill with the disease according to the list under this question?

☐ No ☐ Yes

If yes, please mark in Column ☐ and specify the disease and treatment according to the below detail (answer more than 1 question)

☐ Stroke	☐ Emphysema	☐ Hepatopathy or Biliary Tract Disease	☐ Thyroid
☐ Paralysis / Palsy	☐ Hypertension	☐ Renopathy	☐ Lymphadenopathy
☐ Pneumonopathy or Pneumonia	☐ Cardiopathy	☐ Arthritis	☐ Tumor, True Mass, or Cyst
☐ Tuberculosis	☐ Coronary Stenosis	☐ Gout	☐ Cancer
☐ Asthma	☐ Vascular Disease	☐ Haemopathy	☐ HIV or Acquired Immunodeficiency Syndrome
☐ Chronic Obstructive Lung Disease	☐ Digestive Tract Ulcer Disease	☐ Diabetes	☐ Physical Deformity

Disease	Date/Month/Year diagnosed/treated/observed by the physician (specify to be diagnosed or treated or observed by the physician)	The physician's diagnosis/treatment/observation result and current symptom	Medical facility where the physician diagnosed/treated/observed (please specify if naming physician)

Part 4 **Does the insured person intend to exercise the right to request income tax exemption according to Taxation Law?**

☐ intend and allow the life insurance company to deliver and disclose the premium-related data to the Revenue Code according to the rules and procedures prescribed by the Revenue Department, and if the insured person is a non-Thai residence and has the duty to pay income tax according to Taxation Law, please specify Taxpayer ID Number obtained from the Revenue Department .....

☐ does not intend.

Part 5 **Statement or answer assertation in Group Life Insurance Application of the insured person and consent**

1. I hereby affirm that all answers in this Group Life Insurance Application of the insured person, including the statement answered by the health examining physician are true in all respects. I well understand that if I do not state the facts, the Company may deny the insurance and the payment according to the insurance policy.
2. I and/or the legal representative allow a physician or an insurance company or a medical facility or any other person that has my and/or the minor's health data, disability, sexual behavior, biometrics data, genetic data, race that have been preceding and will be further existent in the future, to enable to disclose the said data to the Company or the Company's representative to apply for insurance, undertaking consideration, and payment under the insurance policy.
3. I and/or any legal representative allow the Company to collect, use or disclose my and/or the minor's health data, disability, sexual behavior, biometrics data, genetic data, and race that have been preceding and will be further existent in the future, to enable to disclose the said data to other insurance companies, reinsurance broker companies, reinsurance companies, legally authorized agencies, medical facilities, physicians, medical personnel, life insurance agents or life insurance brokers to apply for insurance, undertaking consideration, and payment under the insurance policy.
4. I well understand that if I withdraw my consent under Clause 2 or Clause 3 given to the Company, it will affect the consideration of undertaking and payment under the insurance policy or any services related to the insurance policy, resulting in the Company's failure to comply with any conditions in the insurance policy and causing me unprotected according to the insurance policy.

-TRANSLATION -

5. I acknowledge that the Company shall collect, use, disclose, and/or transfer my personal data and sensitive data to apply for insurance, undertaking consideration, and payment under the insurance policy according to the Company's Personal Data Protection Policy appeared in link https://www.southeastlife.co.th/Data Privacy Policy.pdf and acknowledge that the Company shall disclose my personal data to the Office of Insurance Commission (OIC) for benefit of the insurance business governance and promotion according to the Life Insurance Law and the Insurance Commission Law, the detail of collection, usage, and disclosure of the OIC appeared in the OIC's Personal Data Protection Policy as appeared in website www.oic.or.th.
6. When I disclose the personal data of any other persons other than me to the Company to apply for insurance, undertaking consideration, or payment under the insurance policy.
   (1) I hereby certify and guarantee that I have verified the correctness and validity of the personal data of other persons, which are given by me to the Company, and will be notified to the Company if there are any changes in the given personal data of other persons (if any).
   (2) I hereby certify and guarantee that I have been permitted or can other use law basis for collection, use, disclosure, and/or transfer of the personal data of other persons according to the applicable laws.

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(3) I hereby certify and affirm that I have already notified the Company's Personal Data Protection Policy to other persons based on the name list that appeared in the link https://.southeastlife.co.th/Data Privacy Policy.pdf The objective of collection, use, disclosure, and/or transfer of personal data has been notified to the Office of Insurance Commission (OIC) for the benefit of insurance business governance and promotion according to the Life Insurance Law and Insurance Commission Law. The OIC shall collect, use, disclose, and/or transfer other personal data according to the OIC's Personal Data Protection Policy as appeared on the website www.oic.or.th.

(4) I hereby certify and affirm that the Company and the Office of Insurance Commission can collect, use, disclose, and/or transfer other personal data according to the objective determined in the related Personal Data Protection Policy of the Company and the Office of Insurance Commission, which may be periodically revised, including all objectives determined herein and related to the insurance.

(Signed) ……..
(……..)
Insured Person

(Signed) ……..
(……)
Consenter as the Legal Representative /
Custody Exerciser of the Insured Person
(in the case of non-full age insured person)

Part 6 Warning

Before signing, the insured person shall kindly reverify the correctness of all answers for the validity of the insurance contract.

I have read and agreed on the statements herein and acknowledged the Personal Data Protection Policy of the Company and the OIC, and therefore, affixed the signature here below.

Written at ……..

Date …….. Month …… Year ……

(Signed) ……..
(……..)
Witness/Life Insurance Agent/Life Insurance Broker
Employee Code (Customer Relations Officer) ……

(Signed) ……..
(……)
Insured Person

(Signed) ……..
(……..)
Witness

(Signed) ……..
(……)
Consenter as the Legal Representative /
Custody Exerciser of the Insured Person
(in the case of non-full age insured person)