

**BUSINESS DEVELOPMENT GROUP
REQUEST FOR FRANCHISING FORM**

ACCOUNT INFORMATION	
Name of Entity/Company	
Complete Address	
Nature of Business	
Name of Contact Person	
Designation of Contact Person	
Telephone No.	
E-mail Address	

GROUP PRODUCT NEEDS ANALYSIS

- | | |
|---|---|
| <input type="checkbox"/> Group Yearly Renewable Term (GYRT) | <input type="checkbox"/> Group Microinsurance |
| <input type="checkbox"/> Group Creditors Life (GCL) | <input type="checkbox"/> Group Hospitalization (GH) |

RIDERS

- | | | | |
|--|-------------------------------|--|--|
| <input type="checkbox"/> AD&D | <input type="checkbox"/> TPD | <input type="checkbox"/> Terminal Illness (TI) | <input type="checkbox"/> Critical Illness (CI) |
| <input type="checkbox"/> Burial Benefit (BB) | <input type="checkbox"/> HDIB | <input type="checkbox"/> AMR | <input type="checkbox"/> Others: _____ |

BENEFIT SCHEDULE

GYRT	CLASSIFICATION	AMOUNT OF COVERAGE	NO. OF LIVES	Claims Experience for the Last 3 Years (Total Amount)	
				Total No. of Claims	

CGL	Minimum Loan Amount		Average Age of Loan Availors	
	Maximum Loan Amount		Total No. of Loan Availors	
	Average Loan Amount		Total Loan Portfolio	
	Term of Loans Amount		Nature of Loan	

Progress Report:

OTHER INFORMATION		
With Existing Coverage () Virgin Account () Take-Over Case ()	Renewal Date:	Effective Date:
Broker:	Agent:	Mode of Payment:
Special Payment Terms:	With E.R. Provision (Experience Refund) : () YES () NO	
PLAN DETAILS		
Participation Requirement: [] Voluntary [] Mandatory [] Contributory [] Non-Contributory	Type of Group: [] Close [] Open [] Loose	
Existing Provider:	Total # of Employees:	

*Attach extra sheet if needed

NOTE: SUBMIT, TOGETHER WITH THIS REQUEST, THE FOLLOWING:

1. UPDATED CENSUS (GYRT, Proposal Request) (Please provide list/census: complete name, date of birth, rank/position)
2. CLAIMS EXPERIENCE (GYRT, Proposal Request) (Provide at least 3 years (if with current coverage)
3. COPY OF POLICY (GYRT, Proposal Request) (Please provide photocopy of the group master policy contract)
4. Information of members/office location for the purpose of determining/application of habitat rating.

BDG Franchising Guidelines for New Accounts

1. Depending on the type of plan, submission of the prospect entity's employee-census or member-census is a pre-requisite to the granting of an exclusive franchise.

Requirements in Excel Format	
GYRT and Microinsurance	GROUP HOSPITALIZATION
1. Census list of employees/members (Birthdate, gender, occupation) 2.Amount of insurance coverage 3.Existing provider (if any) 4. Claims for the past 3 years (if any)	1.Census list of employees/members (Birthdate, gender, occupation) 2.Schedule of benefits/Terms of Reference (TOR), for takeover accounts 3.Detailed utilization report 4.Copy of the existing & current group master policy contract/service agreement

2. The exclusive franchise shall be valid for 30 calendar days from date of approval and all shall expire automatically at the end of the 30-day period.
3. Upon expiration of the franchise, the prospect-entity shall be deemed available for issuance of another franchise to any other agent who may be interested in pursuing further negotiations.
4. The exclusive franchise may be extended for another 30 calendar days subject to the following conditions:
 - 4.1 A written request for extension must be filed prior to the expiry date of the franchise;
 - 4.2 The progress of negotiations as described in a brief progress report shall be deemed satisfactory by the Business Development Group.
 - 4.3 The Business Development Group reserves the right to approve or disapprove the granting or the extension of a franchise.
5. Copy of the BOR (Broker On Record) must be submitted in lieu of the Franchising Request Form, for Accounts that are under an Insurance Broker.

General Franchise Rules

- A. No Application for Group Franchise shall be accepted without complete Account Information. Group Product Needs Analysis and Benefit Schedule.
- B. Depending on the type of plan, application for Group Franchise without the census in EXCEL FILE FORMAT shall not be accommodated.

I hereby confirm that all the information above are true and correct to the best of my knowledge. I understand that the information provided herein will be treated in strictest confidentiality.

Agent Signature over Printed Name & Code

Contact Number

Date