



CARITAS HEALTH SHIELD, INC.

Caritas Corporate Centre, 97 E. Rodriguez Sr. Avenue, Quezon City 1113
www.caritashealthshield.com.ph
Trunk line No.: (632) 8868-7000

DATE OF APPLICATION (mm/dd/yyyy)

APPLICATION FOR PLAN TERMINATION VALUE (PTV)

(PLEASE PRINT / WRITE IN BLOCK LETTERS)

POLICY OWNER / MEMBER					
Membership Card Number		Last Name	First Name	Suffix Name	Middle Name
Date of Birth (mm/dd/yyyy)	Age	Present Address (House / Lot / Block / Building No. / Building Name / Street No. / Subdivision / Barangay / City / Province)			
Landline Number	Mobile Number	Office Number	Email Address		
BRANCH FILED	REASON FOR TERMINATING PLAN:				

BASIC REQUIREMENTS (Please mark a check (✓) on the box provided)
<input type="checkbox"/> 1. Written Letter of Request for PTV by Member <input type="checkbox"/> 2. Photocopy of Policy Contract <input type="checkbox"/> 3. Photocopy of CHSI Membership Card or Green Card <input type="checkbox"/> 4. Photocopy of Certificate of Full Payment (for fully paid plans only) <input type="checkbox"/> 5. Photocopy of two (2) valid government IDs with three (3) specimen signatures

ADDITIONAL REQUIREMENTS (Please mark a check (✓) on the box provided)
<input type="checkbox"/> FOR LOST DOCUMENTS: Notarized Affidavit of Loss and Indemnity Agreement <input type="checkbox"/> Policy Contract <input type="checkbox"/> Insurance <input type="checkbox"/> CHSI Membership Card <input type="checkbox"/> Certificate of Full Payment (CFP)
<input type="checkbox"/> MEMBER IN ABSENCIA: Notarized Special Power of Attorney (SPA) <input type="checkbox"/> Photocopy of two (2) valid government IDs with three (3) specimen signatures of Atty-in-Fact
<input type="checkbox"/> Additional Requirements for Minor Member: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Photocopy of two (2) valid government IDs of Parent/Guardian with three (3) specimen signatures <input type="checkbox"/> Notarized Affidavit of Guardianship (if PTV is being claimed by Guardian)
<input type="checkbox"/> For Member 72 years old and above: <input type="checkbox"/> Photocopy of Birth Certificate
<input type="checkbox"/> Additional Requirements for Deceased Member: <input type="checkbox"/> Photocopy of Death Certificate <input type="checkbox"/> Photocopy of valid government ID of deceased Member <input type="checkbox"/> Photocopy of two (2) valid government IDs of Beneficiary/ies with three (3) specimen signatures
<input type="checkbox"/> Other document/s (please specify) : _____

IMPORTANT NOTICE	
<ul style="list-style-type: none"> • Computation of PTV shall be based on the Actual date of receipt by CHSI (Head Office/Branch); • PTV cheque issued is for deposit only to Payee's Account; • In case the Member is not available to pick-up the cheque, a Notarized SPA should be brought by Atty-in-Fact (Representative) together with photocopy of two (2) valid government IDs of both the Member and Representative with three (3) specimen signatures. 	<hr/> <p style="text-align: center;">Signature over Printed Name of Policy Owner/Member / Date</p> <hr/> <p style="text-align: center;">Signature over Printed Name of Parent / Guardian / Date</p> <hr/> <p style="text-align: center;">Signature over Printed Name of Beneficiary / Date</p> <p style="text-align: center;">(for the late Member: _____)</p>
FOR CHSI ONLY	For any question or clarification, please contact us at
Received by: _____ Date Received: _____	Email: customerrelations@chs.com.ph Mobile Nos: (+63) 945-3694376 Landline: (02) 8635-7150