KASAGANA-KA Mutual Benefit Association, Inc.

5 Don Francisco Street, Don Enrique Heights, Barangay Holy Spirit, Quezon City
Tel/Fax: 990-7915 • E-mail: kasaganaka.mba@gmail.com • www.kmba.org.ph

APPLICATION FOR MEMBERSHIP

FIELD OFFICE: _____ CENTER_____

DATE FILED: _____

DATE OF PAYMENT OF FIRST CONTRIBUTION: _____

	APPLICANT	SPOUSE (if any)
FIRST NAME		
MIDDLE NAME		
LAST NAME		
SEX	☐ MALE ☐ FEMALE	
CIVIL STATUS	☐ SINGLE ☐ WIDOW/ER ☐ MARRIED ☐ SEPARATED	
DATE OF BIRTH	AGE:	AGE:
PLACE OF BIRTH		
HOME ADDRESS		
OCCUPATION		
BUSINESS ADDRESS (IF ANY)		

LEGAL DEPENDENTS	BIRTHDATE	AGE	RELATIONSHIP

If married, please attach Marriage Contract (of the applicant) and Birth Certificate of legal and legally adopted child/children (if any).
If unmarried, please attach Birth Certificate (of the applicant) and Marriage Contract of legal parents (if any).

DESIGNATED BENEFICIARIES	BIRTHDATE	AGE	RELATIONSHIP
PRIMARY BENEFICIARY			
SECONDARY BENEFICIARY			

I hereby state and declare that all the answers contained herein are true and correct and I fully understand that any willful misstatement in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my membership in the Association at any time such misstatement is known. In addition, the Association has no obligation on whatever claims I will file, except for the refund of my contributions, if misstatement is known during claims validation.
And I am fully aware that my legal dependents and I are covered by one-year waiting period.

_____
SIGNATURE OF APPLICANT
DATE SIGNED: _____

PROCESSED BY:	ENDORSED BY:	APPROVED BY:
_____ KDCI SOCIOECONOMIC OFFICER	_____ KDCI FIELD MANAGER	_____ KMBA GENERAL MANAGER