

Print and cut along the lines.



BENEFIT CARD

Member's Name:
Company:
Policy No:
Plan:
Application No:
Effectivity Date:
Expiry:
Birthdate:
Gender:

Ray-yaw, m.

AUTHORIZED SIGNATURE

Hospital:	Any-Accredited Hospital
Clinic:	Any-Accredited Clinic
Dental:	Dental Network
Annual Benefit:	Php 0.00
Room & Board:	Php 0.00
Pre-Existing:	Not Covered
Out-Patient:	Annual Physical Exam Only
Maternity:	Not Covered

MAKATI

PLDT	(02)274-8202 SUN/SMART/TNT	0925 3029 888
	(02) 274 8203	0925 3037 888
	(02) 274 8205	0925 3039 888
GLOBELINES	(02) 504 8811 GLOBE/TM	0917 5642 398
	(02) 504 8812	0917 5641 498
	(02) 504 8814	0917 5641 598

SMART

0917 1546 362
0917 1557 026
0917 1551 560
0917 1550 662
0917 1291 682
0998 9591 088
0998 9730 188
0949 8845 034
0968 8648 267
0968 8544 334
0968 8931 558
0968 8773 460
0968 8726 396

CEBU

PLDT (032) 383 2017 SUN/SMART/TNT 0925 3019 888
(032) 383 2018 0925 3053 888