



Policy Number

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# APPLICATION FORM FOR EXTENSION OF GRACE PERIOD

## Simple steps for your application submission:

- (1) Complete this form. Please do not sign blank form
- (2) Prepare the relevant documents listed on page 2
- (3) Prepare the Insured/ Policy Owner ID copy with signature (if not provided before), and
- (4) Submit the form with above documents to your financial consultant or AXA Customer Service Centre.

### 1. POLICYOWNERS INFORMATION

Full Name		Macau ID/Passport No.	
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### 2. REASON OF APPLICATION FOR GRACE PERIOD EXTENSION

<input type="checkbox"/> Redundancy or laid off	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Child birth
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### 3. ELIGIBILITY CHECKLIST FOR REDUNDANCY/LAID OFF ONLY

Note: The list of questions here helps you to check your eligibility for Extension of Grace Period. If one of the answers is Yes, you are not eligible to apply this benefit.

Do you belong to any of the following groups?	
Self-employed persons (Whether as sole proprietors or in partnerships)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic helpers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees who work for firm in which his/her relative has 50% or more ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees whose employment is terminated by reason of voluntary redundancy or disciplinary action	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your policy assigned to the third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 4. SUPPLEMENTARY DETAILS FOR REDUNDANCY/LAID OFF ONLY

Last occupation and job duties			
Employment period	From: To:	Employment termination Date	
Name, address and telephone no. of last employer			

### 5. REQUEST FOR DOCUMENT RETURN

Please "✓" this box for return of certified true copy ("CTC") of your original document after application is processed. Original document will not be returned.

<input type="checkbox"/> Delivery through Financial Consultant	
<input type="checkbox"/> By mail to the correspondence address	
<input type="checkbox"/> Collection at the Macau Service Centre	

## 6. PERSONAL INFORMATION COLLECTION STATEMENT

Please visit our website ([www.axa.com.hk](http://www.axa.com.hk) > Legal and Privacy Statement > Personal Information Collection Statement (Macau)) and read carefully the details of the Personal Information Collection Statement (“PICS”) which can also be made available upon request.

## 7. DECLARATION AND AUTHORISATION

I HEREBY DECLARE AND AGREE on behalf of myself and other person referred to this form that all statements and answers to all questions are to the best of my /our knowledge and belief complete and true.

I HEREBY AUTHORISE that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to the Company as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this application and any claim arising therefrom. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

Signature of Applicant	Date (dd/mm/yyyy)

Financial Consultant Detail				
Full Name		Code	Mobile No.	


## 8. DOCUMENT CHECKLIST

Below is a list of minimum documents required to proceed your application. In certain circumstances, more information may be required to substantiate the Application.


Documents Required (Please ✓ against the documents you have submitted.)		RL	M	D	CB
Basic	<input type="checkbox"/> Application Form <input type="checkbox"/> Copy of ID or passport of the Insured/Policy Owner with signature (If not provided before)	✓	✓	✓	✓
If applicable below:					
Marriage	<input type="checkbox"/> Marriage certificate		✓		
Redundancy or laid off	<input type="checkbox"/> Redundancy/lay-off letter from last employer <input type="checkbox"/> Valid employment proof for: (i) employed over 12 months and (ii) full time employment	✓			
Divorce	<input type="checkbox"/> Certificate showing the dissolution or termination of the marriage			✓	
Child Birth	<input type="checkbox"/> Birth certificate of new-born				✓

## 9. CONTACT US

If you have any questions on your request, please reach us at

 (853) 8799 2812

 [www.axa.com.mo](http://www.axa.com.mo)

 [ma.enquiry@axa.com.mo](mailto:ma.enquiry@axa.com.mo)

**AXA is committed to making your insurance process as easy and stress-free as possible.  
Thank you for insuring with us. We are always glad to be of service.**