BPI-PHILAM LIFE ASSURANCE CORP.
A subsidiary of Philam Life and an affiliate of BPI

ADDENDUM TO THE MEDICAL EXAMINATION

Name of Applicant:	Reference No.:

Question Number	Details of Answer to Questions

I declare that the above statements are true and complete and agree that this addendum, together with my application dated ___/___/___ and medical report dated ___/___/___ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

_____M.D. _____

Name and Signature of Medical Examiner Name and Signature of Applicant