

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Government Internship Program (GIP)

ANNEX F

Name of Assured : _____
Address : _____

Name of Insured*	Date of Birth	Age	Address	Beneficiary

* FAMILY NAME, FIRST NAME, MIDDLE INITIAL

Prepared by:

Submitted by:

Name, Designation & Signature

Name, Designation & Signature

