

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

AGREEMENT

I, _____ of legal age, Filipino, and residing at _____
declare and agree to the following:

1. That on _____ I was married to _____.
(Date) (Full name of spouse)
2. That since _____ I was separated in fact with my spouse.
(Date)
3. That upon approval by VALUCARE of my application for healthcare coverage, I agree not to include and/or enroll my said spouse as a dependent.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____
2010 at _____.

Affiant

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES
MANILA CITY) S.S.

BEFORE ME, a Notary Public in and for Manila City, Philippines, personally appeared:

<u>Name</u>	<u>Comm. Tax No.</u>	<u>Date/Place of Issuance</u>
_____	_____	_____

all known to me and to me known to be the same persons who executed the foregoing Group Healthcare Services Agreement and they acknowledged to me that the same is their free and voluntary act and deed and the free and voluntary act and deed of the corporations which they respectively represent.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my notarial seal this _____ day of _____, 2010 in _____, Philippines.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____