สถาบันเทคโนโลยีพระจอมเกล้าเจ้าคุณทหารลาดกระบัง
King Mongkut's Institute of Technology Ladkrabang

For Personnel

Specify Faculty /Department

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Beneficiary Designation Form for Death Benefit

Group Life and Health Insurance Policy

1) Full Name: ☐ Mr. ☐ Mrs. ☐ Miss .....

2) Age: ..... years | Date of Birth: Date ..... Month ..... Year (B.E.) ..... Height: .....cm.

Weight: ..... kg. Sex: ☐ Male ☐ Female | Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

3) Identification Document: ☐ National ID Card No. ..... ☐ Alien Certificate No. .....

Issue Date: ..... | Expiry Date: ..... | Place of Issue: .....

4) Registered Address: House No. ..... Alley/Soi ..... Sub-district /Kwang .....

District/Khet ..... Province ..... Tel. .....

5) Current Address: House No. ..... Alley/Soi / Road..... Sub-district/Khwaeng .....

District/Khet ..... Province ..... Tel. .....

6) Employment Date: ..... Position / Nature of Work: .....

7) Beneficiary(ies):

Full Name	Relationship	Percentage of Benefit (%)

8) I hereby consent to King Mongkut's Institute of Technology Ladkrabang, the insurer, physicians, medical personnel, healthcare institutions, or any other person possessing my and/or the minor's health records/information, to collect, use, and disclose my and/or the minor's personal data and sensitive data to the insurer and/or life insurance broker for the purposes of insurance application, medical examination, insurance claims, compliance with policy terms and conditions, as well as any acts related to the insurance business. Such disclosure shall include, but is not limited to, the Office of Insurance Commission (OIC), insurers, life or non-life insurance agents, life or non-life insurance brokers, reinsurers, business partners, or service providers of such persons.

Signature .....

(.....)

Employee / Personnel