

Summary of Insurance Benefits
(Per Unit of Insurance Purchased)

Policyholder : BDO Network Bank, Inc.

Policy Effective Date : June 15, 2022

Benefits Covered :

PART A. Accidental Death & Disability Benefit	₱300,000
PART B. Double Accidental Death & Disability Due to Specific Causes	₱300,000
Group Hospital Confinement Benefit Microinsurance Rider	Up to ₱9,300 (₱300/day, max of 31 days)
Group Burial Assistance Benefit Microinsurance Rider	₱10,000

Policy Schedule

Policy Number : T1003910
Policyholder : BDO Network Bank, Inc.
Policy Effective Date : June 15, 2022
Benefits Covered : Part A and B
Coverage Term : Within one (1) year starting from Date of Payment
Benefit Amount : ₱300,000.00
Maximum Accidental Medical Reimbursement Limit : not applicable
Accidental Hospital Income Benefit : not applicable
Accidental Burial Expense Benefit : not applicable
Maximum Ambulance Reimbursement Limit : not applicable
Other Benefits :

Benefit	Benefit Amount
Group Burial Assistance Benefit (GBAB)	₱10,000.00
Group Hospital Confinement Benefit (GHCB)	₱300.00 per day, max of 31 days

Mode of Payment : Annual
Premium Due Dates : Every 15th of June, succeeding premiums are due every policy anniversary thereafter
Premium Rates : ₱500 per unit of insurance
Eligibility Conditions : All eligible employees & clients of BDO Network Bank, who are:

- (a) actively performing their daily chores of life
- (b) at eighteen (18) years up to seventy (70) years old on initial date insurance coverage

Insurance Age is the age of an individual on his latest birth anniversary.

Premium Contribution : Contributory
Minimum Participation Requirement : not applicable
Termination Age : 71 years old
Attachments to the Policy : Group Burial Assistance Benefit (Form Number GRM01 (202105))
 Group Hospital Confinement Benefit (Form Number GRM02 (202105))

THE DOCUMENTARY STAMP TAX FOR THIS POLICY HAS BEEN PAID.

SCOPE OF COVERAGE AND LIMITATIONS

BENEFITS

Benefits

The Company will pay after receipt of due proof and approval by the Company of the claim the benefits, as follows:

Part A – Accidental Death and Disability Benefit

Percentage of the Benefit Amount as indicated in the Schedule of Indemnities shown below if the Insured Member suffers any of the covered losses as a result of Injury within one hundred eighty (180) days from the date of the accident that caused such Injury.

Schedule of Indemnities

Loss of:	%	
Life	100%	
Sight of Both Eyes	100%	
Speech and Hearing in Both Ears	100%	
Both Hands or Both Feet	100%	
One Hand and Sight of One Eye	100%	
One Foot and Sight of One Eye	100%	
Hearing in Both Ears	75%	
Sight of One Eye or One Hand or One Foot	50%	
Hearing in One Ear	15%	
Toes All	15%	
Great, both phalanges	5%	
Great, one phalanx	2%	
Other than great, each toe lost	1%	
	Right Hand	Left Hand
Four Fingers and thumb of one hand	70%	50%
Four Fingers	40%	30%
Thumb	both phalanges	30%
	one phalanx	15%
Index Finger	three phalanges	10%
	two phalanges	8%
	one phalanx	5%
Middle Finger	three phalanges	8%
	two phalanges	6%
	one phalanx	4%
Ring Finger	three phalanges	8%
	two phalanges	6%
	one phalanx	4%
Little Finger	three phalanges	8%
	two phalanges	6%
	one phalanx	4%
<p>Note: If the Insured Member is left-handed, the percentages under "Right Hand" will apply to the Insured Member's left hand and the percentages under "Left Hand" will apply to the Insured Member's right hand.</p>		

Loss of hand means complete and permanent severance at or above the wrist. Loss of foot means complete and permanent severance at or above the ankle. However, loss of use of the hand or foot, if not severed, shall be presumed to be permanent if it had continued uninterrupted for a period of at least six (6) months. Such permanent loss shall be considered as a loss of said hand or foot. Loss of sight means total and irrecoverable loss of sight.

If more than one of the losses specified in the Schedule of Indemnities is sustained as a result of one accident, payment shall be made only for the loss for which the highest benefit is payable. Losses sustained as a result of any subsequent accident shall be considered for payment separately from and independently of other losses sustained in a previous accident.

In any policy year, the aggregate indemnity benefit payable in respect of one or more accidents which occur in such policy year shall not exceed the Benefit Amount, provided however that any partial benefit already paid for any loss/es shall not be carried over to the subsequent policy year.

Payment of any indemnity benefit amounting to the Benefit Amount shall not terminate the coverage in so far as the benefit for loss of life due to Injury is concerned.

The benefits provided under Part B to Part G are optional and will only apply if shown in the Policy Schedule and the premiums therefore are paid.

Part B – Double Accidental Death and Disability Due to Specific Causes

The Company will double any Accidental Death and Disability Benefit payable if an Insured Member suffered the Injury:

1. while riding as a fare-paying passenger in any licensed motorized public utility vehicle over an established land route for regular transport;
2. while riding any licensed, motorized and private land based four-wheeled vehicle that is not used for commercial purposes; or
3. while riding a licensed private motorcycle that is not used for commercial purposes; or
4. while riding an elevator car (except those in mines and construction sites); or
5. resulting from the burning of any theater, hotel, mall, church, hospital, market, restaurant or other public building where the Insured Member is from the commencement of the fire.

Part C – Total Permanent Disability

The Company will pay the difference between the Benefit Amount, and any amount paid or payable under the Accidental Death and Disability Benefit, provided the following exist:

1. The Insured Member, as a result of an Injury, is rendered disabled such that he is prevented from engaging in any gainful occupation for which he is or becomes reasonably fitted by education, training or experience;
2. The disablement occurs within one hundred eighty (180) days after the date of the accident that caused such Injury;
3. The disablement has continued for a period of six (6) consecutive months and is total, continuous and permanent at the end of this period; and
4. The Insured Member is under the regular care and attendance of a physician.

The benefit shall be paid on the seventh (7th) month of disability.

Part D – Accidental Medical Reimbursement Benefit

The Company will reimburse the usual, customary and reasonable expenses which the Insured Member incurred up to the Maximum Accidental Medical Reimbursement Limit applicable to the membership classification of the Insured Member specified in the Policy Schedule, if the Insured Member receives medical treatment as a result of Injury. The medical treatment must be certified by the attending Physician. It must be supported by a medical record and/or admission and discharge clinical abstract summary and certified statement of account acceptable to the Company.

Usual, customary and reasonable medical expenses shall mean the real and essential expenses which a prudent person would consider to be reasonably priced in the particular area concerned in the light of the Injury being treated.

Part E – Accidental Hospital Income Benefit

The Company will pay the Accidental Hospital Income Benefit applicable to the membership classification of the Insured Member as shown on the Policy Schedule for each day of hospital confinement up to a maximum of thirty-one (31) days of continuous confinement if the Insured Member, as a result of an Injury, is hospitalized or confined and receives medical treatment.

Part F – Accidental Burial Expense Benefit

The Company will pay the Accidental Burial Expense Benefit applicable to the membership classification of the Insured Member as shown on the Policy Schedule if the Insured Member dies as a result of an Injury within one hundred eighty (180) days from the date of the accident that caused such Injury.

Part G – Ambulance Reimbursement Benefit

The Company will reimburse the usual, customary and reasonable ambulance expenses which the Insured

Member incurred up to the Maximum Ambulance Reimbursement Limit applicable to the membership classification of the Insured Member specified in the Policy Schedule.

Usual, customary and reasonable ambulance expenses shall mean the real and essential expenses which a prudent person would consider to be reasonably priced in the particular area concerned in the light of the condition being treated.

DEFINITION OF TERMS

“Insured Member” means any person who is eligible, enrolled and insured for the insurance benefits provided under this Policy.

“Benefit Amount” refers to the Benefit Amount, shown in the Policy Schedule, applicable to the membership classification of the Insured Member.

“Injury” shall mean accidental bodily injury, occurring while this Policy is in full force and effect, caused solely and directly by external, violent and accidental means and independent of all other causes, evidenced by a visible contusion or wound on the body except in case of drowning or of internal injury revealed by an autopsy or medical examination.

“Other causes” shall mean any disease, infirmity or physical condition which an Insured Member is suffering from at the time of sustaining such accidental bodily injury or afterwards, that such a disease, infirmity or physical condition is not related to the accidental bodily injury and is a contributing factor in bringing about the loss which would otherwise be covered by this Policy.

“Physician” shall refer to any person legally authorized in the geographical area of his practice to render medical and surgical services.

“Hospital” shall mean a facility that:

1. is licensed, lawfully operating institution duly constituted and registered as a hospital;
2. is open at all times;
3. is operated mainly to diagnose and treat disabilities on an inpatient basis and at the patient's expense;
4. has organized facilities for major surgery;
5. has a staff of one or more doctors on call at all times;
6. has twenty-four (24) hours nursing services by or under the supervision of registered nurses;
7. is not other than incidentally skilled nursing facility, clinic, place for alcoholics or drug addicts, nursing home, convalescent addicts, home for the aged, place for the treatment of mental disorders or a similar establishment; and
8. maintains a daily medical report for each patient, which is accessible to our designated physicians.

“Non-Contributory” shall mean that the entire cost of insurance shall be borne by the Policyholder.

“Contributory” shall mean that a portion of the cost of insurance shall be borne by the Policyholder.

Exclusions

No benefit will be payable if death or Injury results from any one of the following causes:

1. Murder or provoked assault;
2. Suicide while sane or insane, or intentionally self-inflicted injuries;
3. Willful exposure to needless peril other than in an attempt to save human life;
4. Bodily or mental infirmity or disease of any kind or infection other than infection occurring simultaneously with and in consequence of an accidental cut or wound;
5. Committing or attempting to commit an assault, felony or other illegal act or resistance to lawful arrest;
6. Pregnancy, childbirth, miscarriage or any complications thereof;
7. Injury sustained from any aviation or marine activities, other than riding as a fare-paying passenger on an aircraft or ship operating on a scheduled service in an established passenger route;
8. Sports activity such as hunting, steeple chasing, racing of any kind (other than on foot), football, polo, motorcycling, mountaineering in the course of which it is necessary to use guides or ropes, winter sports, underwater pastimes, water-skiing, potholing, and professional sports, except and insofar as the Company has by endorsement agreed to extend this insurance;
9. War, whether declared or not, rebellion or insurrection;
10. Drug or intoxicant overdose (unless under proper medical supervision);
11. Any poison, gas or fumes, voluntarily or otherwise taken, administered, absorbed or inhaled other than or as a result of an accident arising from a hazard incident to the Insured Member’s occupation;
12. Contamination or pollution of soil, air or water;
13. Any nuclear reaction;
14. Being under the influence of alcohol; or
15. Any injury received while being a participant in a brawl, assembly or demonstration, civil commotion, riots, strikes, military or popular uprising.

GENERAL PROVISIONS

Entire Contract

This Policy, the application of the Policyholder, a copy of which is attached hereto and made a part hereof, the individual applications, if any, of the Insured Member, all attached riders and endorsements shall constitute the entire contract.

All statements made by the Policyholder or the Insured Member, in the absence of fraud, shall be deemed representations and not warranties. No such statement shall void this Policy or be used in defense of a claim hereunder, unless a copy of the instrument containing

such statement is or has been furnished to such Policyholder or Insured Member.

Amendment of This Policy

This Policy may be amended at any time, without the consent of any Insured Member, by written agreement between the Company and the Policyholder. Any amendment to this Policy shall be binding on all persons whether insured under this Policy prior to, on, or after the effective date of the amendment.

No agent has authority whatsoever to change or amend this Policy or to waive any of its provisions.

Effectivity of Policy

This Policy will take effect upon payment of the first premium on the Policy Effective Date as stated on the Policy Schedule. The Policy Effective Date shall be used as the basis in determining policy anniversaries, premium due dates, policy years and months.

Payment of Premiums

All premiums hereunder are payable in advance directly to the Home Office of the Company, or through other offices as the Company may designate, except that the premiums due during the first policy year may be paid elsewhere through a duly authorized agent of the Company in exchange for a company receipt signed by said agent.

Change of Premium Rates

The Company reserves the right to establish new premium rates at the beginning of any renewal year. Any resulting change will be communicated to the Policyholder at least forty-five (45) days before the policy anniversary when such change takes effect.

Grace Period

A forty-five (45) day grace period shall be allowed by the Company to the Policyholder from the Premium Due Date to pay premiums.

The Policyholder shall be liable to pay the Company the pro-rata premium corresponding to the time the insurance hereunder has been kept continuously in force during the grace period after the premium due date upon which default occurred.

Beneficiary

An Insured Member shall have the right to designate anybody, not disqualified by law, as his beneficiary/ies. The Insured Member may change a beneficiary by sending a written notice thereof to the Policyholder on a form satisfactory to the Company. The change of beneficiary shall take effect on the date the notice of such change was accepted by the Company.

Individual Statements of Insurance

The Company shall issue individual statements of insurance to the Policyholder for delivery to all Insured Members hereunder. Each statement shall describe in general the insurance protection under this Policy to

which the Insured Member is entitled. Such statement shall not, however, form part of this Policy. In the event of discrepancy or dispute, the provisions of this Policy will prevail.

Availability of Master Policy

The master policy on file with the Policyholder shall be available for inspection by the Insured Members at any reasonable time upon presentation of due proof of coverage.

Misstatement of Age

If the age of the Insured Member has been misstated, all amounts payable under the Policy shall be such as the premium paid would have purchased at the correct age. If according to the correct age of the Insured Member, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium(s), then the liability of the Company during the period the Insured Member is not eligible for coverage shall be limited to the refund, of all premiums paid for the period not covered by this Policy.

Reinstatement

This Policy or any Insured Member's insurance may be reinstated at any time after it has lapsed by payment of the required premiums and upon approval by the Company. This Policy shall only cover losses resulting from Injury sustained after the approval date of such reinstatement.

Non-Assignment

The Insured Member's right or interest in any of the moneys or other assets of his insurance is a contingency and no such right or interest shall be assignable. Any attempt to assign, transfer, pledge, encumber, commute or anticipate the same shall not be recognized by the Company except to such an extent as may be allowed by law.

Records – Information to be Furnished

The Company shall keep records of essential particulars of the insurance of each Insured Member. The Policyholder shall furnish the Company, periodically, such relevant information about the Insured Member that may be required to effectively administer this Policy, including, but not limited to the names and details of any additional individuals who are to be insured, any individual whose insurance is to be terminated and such other information as may be required by the Company.

Upon request by the Company the Policyholder shall furnish a statement to the Company of the ages, occupations and such other relevant data of the Insured Member as may reasonably be necessary in the determination of future premiums and to carry out the provisions of this Policy. The Policyholder's records as may have a bearing on the insurance of the Insured Members shall be open for verification by the Company at any reasonable time.

Clerical Error

Clerical error in keeping the records shall not invalidate

insurance otherwise validly in force nor continue insurance otherwise validly terminated.

Non-Participating

This Policy is non-participating. The Policyholder or any other party to this Policy does not share in the divisible surplus of the Company.

Notice and Proof of Claim

Written notice, proof of claim, and all other documents to be required by the company must be submitted to the Company within ninety (90) days from date of accident or death. The Company has the right to request an autopsy unless otherwise prohibited by law and other proof which the Company may reasonably require during the pendency of such claims.

Failure to submit the written notice and proof of claim within the time limit shall not invalidate nor reduce any claim if it shall be shown that it was not reasonably possible to submit the claim within the time limit and was submitted as soon as it was reasonably possible.

Approved claims under this Policy shall be paid within ten (10) working days upon receipt of complete documents.

Dispute Resolution

Disputes related to settlement of claims under this Policy shall be resolved following the latest Alternative Dispute Resolution Mechanisms for Microinsurance (ADReM) Procedures published by the Insurance Commission.

To Whom Payable

The benefit for loss of life shall be payable to beneficiary/ies surviving at the death of the Insured Member. Surviving Beneficiaries shall share equally in the death benefit proceeds for that beneficiary classification, unless otherwise specified.

If no Beneficiary is named or survives the Insured Member, the proceeds shall be paid, in the order named below, where two or more beneficiaries in the same class shall share equally in the proceeds, to the Insured Member's:

1. surviving legal spouse;
2. surviving legitimate, legitimated and legally adopted children;
3. surviving illegitimate children known and recognized at the time of the Insured Member's death;
4. surviving parents;
5. surviving brothers and sisters of full blood;
6. surviving brothers and sisters of half blood; or
7. estate.

Any minor's share shall be paid to him in the manner provided for by law.

All other benefits are payable to the Insured Member.

A receipt for any death benefit proceeds under this Policy, signed by all beneficiaries designated either in

this Policy or in accordance with this provision or by a duly authorized representative, will be a good and valid discharge to the Company with respect to the benefits so paid and that all claims and demands against the Company regarding the said benefits so paid shall be deemed to have been fully satisfied.

Claim Investigation

The Company, at its own expense, shall have the right and opportunity to examine the person of the Insured Member when and as often as it may reasonably require during the pendency of a claim or during the entire period that the Company is liable to pay an indemnity or benefit.

Change of Occupation

If the Insured Member is injured after having changed his occupation to one classified by the Company as more hazardous than that stated in this Policy or while doing for compensation anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in this Policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation. If with the more hazardous occupation, the Insured Member is not eligible for any coverage under this Policy, the Company's liability shall be limited to a refund of the corresponding premiums actually received without interest earnings from the date of such change in occupation to the date of refund.

If the Insured Member changes his occupation to one classified by the Company as less hazardous than that stated in this Policy, the Company, upon receipt of proof of such change of occupation, will reduce the premium accordingly, and will return the excess pro-rata unearned premium without interest earnings from the date of change in occupation or from the policy anniversary immediately preceding receipt of such proof, whichever is later.

Civil Code Article Waiver Clause

Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads, in part:

"In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment, unless there is an agreement to the contrary."

shall not apply to any payments made or to be made either to or by the company.

Non-Waiver of Policy Provision

Failure of the Company to insist upon compliance with any provision of this Policy at any given time or under any

given set of circumstances shall not operate to waive or modify such provision, or in any manner whatsoever to render it unenforceable, as to any other time or as to any other occurrence, whether the circumstances are, or are not, the same.

Legal Action Clause

Unless a claim has been rejected, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless made within two (2) years from the expiration of the time within which proof of claim is required by this Policy.

Renewal

This Policy may be renewed every year from the Policy Effective Date by payment of premium at the Company's premium rate at the time of renewal, subject to the Company's right to decline renewal or to condition its renewal upon reduction of limits or elimination of coverage upon giving at least forty-five (45) days prior written notice mailed or delivered to the Policyholder.

Cancellation

This Policy shall not be cancelled by the Company except upon giving prior written notice mailed or delivered to the Policyholder. No notice of cancellation shall be effective unless it is based on the occurrence, after the Policy Effective Date, of one or more of the following grounds:

1. Non-payment of premiums;
2. Conviction of a crime arising out of acts increasing the hazards insured against;
3. Discovery of fraud or material misrepresentation;
4. Discovery of willful or reckless acts or omissions increasing the hazards insured against; or
5. A determination by the Insurance Commission that the continuation of this Policy would violate or place the Company in violation of the Insurance Code.

The notice of cancellation shall state which of the grounds set forth in this condition is relied upon. Upon written request of the Policyholder, the Company shall furnish the facts on which the cancellation is based. The Policyholder may, at any time, cancel this Policy upon giving written notice mailed or delivered to the Company, in accordance with the provision on Policy Termination.

Short Period Rate Scale

In the event of cancellation, the Company shall refund the paid premiums less the earned portion thereof to the Policyholder and, in case this Policy is Contributory, to the Insured Members based on the pro-rata sharing of premiums by the Policyholder and the Insured Members.

The computation of the earned premiums shall be based on the short period rate scale set forth below but in no case may the earned premiums be less than the Company's customary minimum premiums.

Period of Coverage	Earned Premiums as % of Annual Rate
Up to 2 months	40%
Up to 3 months	50%
Up to 4 months	60%
Up to 5 months	70%
Up to 6 months	80%
Over 6 months	100%

Policy Termination

This company shall decline to insure any additional members beginning on the earliest of the following:

1. The date the premium falls due if written notice that this Policy will not be renewed is given to the Company by the Policyholder on or before the said due date;
2. The date of receipt by the Company of the Policyholder's written notice to terminate this Policy;
3. The date following the end of the grace period if the premium is not paid; or
4. The date of the Company's written notice of termination to the Policyholder when the number of Insured Members hereunder falls below the minimum participation requirement.

This Policy shall terminate on the termination date of the insurance coverage of the last remaining Insured Member.

Termination of this Policy shall not prejudice any claim arising prior to such termination.

PROVISIONS APPLICABLE TO INSURED MEMBERS

Who May Be Insured

All individuals who meet the Eligibility Conditions stated in the Policy Schedule and in good health at the date of application shall be eligible for insurance under this Policy.

Date of Eligibility

Each individual who may become insured shall become eligible on the Policy Effective Date, or the date he becomes a member of the class of individuals who may become insured hereunder, whichever is later.

Enrollment

An eligible individual may become insured only by filing with the Policyholder a written application for insurance in a form furnished by the Company for that purpose, and if required by the Company, by furnishing evidence of his insurability satisfactory to the Company.

Effective Date of an Insured Member's Insurance

The insurance for an enrolled individual shall become effective on the later of the dates set forth below:

1. The Policy Effective Date; or
2. Date of Payment

If an eligible individual is, on account of injury or disease, bedridden or confined in a hospital on the applicable eligibility date, the insurance shall not become effective until the date such individual fully recovers from such illness or disability, or discharged from the hospital as a fully recovered patient.

Notwithstanding these provisions, however, no enrolled individual shall be insured under this Policy unless the first premium due for his coverage has been paid while the individual meets the eligibility conditions.

Maximum Benefit Amount

The maximum amount of coverage for each Insured Member shall be limited to the amount stated in the Policy Schedule.

Termination of Individual Insurance

The insurance of any Insured Member under the Policy shall terminate at the end of the Period of Coverage or the date the Policyholder informs the Company of the termination of the Insured Members coverage.

Termination of individual insurance shall not prejudice any claim arising prior to such termination.

THIS CONTRACT IS BETWEEN THE POLICYHOLDER AND BDO LIFE ASSURANCE COMPANY, INC., A SUBSIDIARY OF BDO UNIBANK, INC. ALL TRANSACTIONS ARISING OUT OF OR RELATED TO THIS CONTRACT SHALL BE BINDING ONLY BETWEEN THESE TWO (2) CONTRACTING PARTIES. IT IS UNDERSTOOD THAT THIS TRANSACTION IS NEITHER INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION NOR GUARANTEED BY BDO UNIBANK, INC.

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance providers and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) at the Insurance Commission at 1071 United Nations Avenue, Manila with the telephone numbers +632-85238461 to 70 and with email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is <https://www.insurance.gov.ph>.

BDO Life Assurance Company, Inc.

30th Floor Petron Megaplaza Building, 358 Gil Puyat Avenue, Makati City
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603

GROUP HOSPITAL CONFINEMENT BENEFIT MICROINSURANCE RIDER

This Rider is made part of the Policy to which it is attached if its form number is shown in the Policy Schedule or in an endorsement adding this Rider to the Policy. The provisions of the Policy, as a rule, also apply to this Rider. However, provisions inconsistent with the provisions of this Rider are applicable only to the life insurance under the Policy and not to this Rider.

Benefit.

The Company will pay the Hospital Confinement Benefit applicable to the membership classification of the Insured Member as shown on the Policy Schedule for each day of hospital confinement up to a maximum of thirty-one (31) days of continuous confinement if the Insurance Member, as a result of an injury, illness or disease, is hospitalized or confined and receives medical treatment.

WAITING PERIOD. Illness or disease commencing within ninety (90) days from the Effective Date of this Rider shall be excluded from coverage.

DEFINITION OF TERMS.

“Hospital Confinement” shall mean a continuous, medically necessary period of time, lasting at least twelve (12) hours, during which the Insured Member is confined in a hospital as inpatient. The first day of confinement starts at the time of admission to the hospital and each subsequent day of confinement starts twenty-four (24) hours thereafter. The day of discharge is considered as a day of confinement if the time of discharge of the Insured Member from the hospital is more than twelve (12) hours from the later of the time of admission to hospital or the end of the previous day of confinement.

“Continuous Confinement” shall mean two (2) or more hospital confinements due to the same or related injury, illness, disease or to any complications arising therefrom which is not separated by ninety (90) days. These confinements shall be regarded as one (1) confinement.

“Hospital” shall mean a facility that:

1. is licensed, lawfully operating institution duly constituted and registered as a hospital;
2. is open at all times;
3. is operated mainly to diagnose and treat disabilities on an inpatient basis and at the patient’s expense;
4. has organized facilities for major surgery;
5. has staff of one or more doctors on call at all times;
6. has twenty-four (24) hours nursing services by or under the supervision of registered nurses;
7. is not other than incidentally skilled nursing facility, clinic, place of alcoholics or drug addicts, nursing home, convalescent addicts, home for the aged, place for treatment of mental disorders or a similar establishment; and

8. maintains a daily medical report for each patient, which is accessible to our designated physicians.

“Pre-Existing Condition” shall refer to any injury, illness or condition which existed two (2) years prior to the Effective Date of this Rider, or from the date of its last reinstatement, and for which the Insured Member has been investigated, diagnosed, or treated; or those that were never diagnosed, but caused symptoms for which an ordinarily prudent person would have sought medical advice, care or treatment.

“Physician” shall mean a person legally licensed to practice medicine and/or surgery other than the Insured Member or a member of the Insured Member’s immediate family within the third (3rd) civil degree, whether by affinity or by consanguinity.

EXCLUSIONS. The following shall be excluded from coverage under this Rider, and thus benefits hereunder are not payable:

1. any period of hospital confinement wherein the entire confinement has not been recommended by a Physician;
2. routine physical or any other examinations not incidental to the treatment or diagnosis of any injury, sickness or disease;
3. any elective, cosmetic, reconstructive or plastic surgery unless necessitated by injury caused by an accident;
4. addiction to alcohol;
5. addiction to drugs not prescribed by a physician;
6. Acquired Immuno-Deficiency Syndrome (AIDS), AIDS related complex or infection by Human Immuno-Deficiency virus (HIV);
7. pregnancy or resulting childbirth, abortion or miscarriage, birth control and infertility tests and/or any related complications as a result of any of the aforesaid conditions;
8. sterilization of either sex, including but not limited to castration, vasectomy and tubectomy; circumcision unless resulting from an infection;
9. any disease arising from congenital abnormalities;
10. psychotic treatment including but not limited to neuropsychosis, schizophrenia and others;
11. attempted suicide, whether the Insured Member is sane or insane, or self-inflicted injuries;
12. treatment of Pre-existing Conditions, unless Insured Member has been continuously covered under this Rider for twelve (12) months from its Effective Date;
13. murder or provoked assault;
14. hospitalization due directly or indirectly to:
 - a. illness or disease commencing during the Waiting Period;

- b. illness or injury suffered from:
 - i. poison, gas or fumes voluntarily or otherwise taken, administered, absorbed or inhaled;
 - ii. nuclear weapons, radiation or radioactivity from any nuclear device arising from the combustion of nuclear fuel and self-sustaining process of nuclear fission;
 - iii. dangerous sports (such as bungee jumping, martial arts, skateboarding, rollerblading, hang-gliding, windsurfing, mountaineering, rock climbing, bicycle racing, etc.);
- c. any injuries incurred:
 - i. while on duty in any military, police, or firefighting organization;
 - ii. in any brawl, riot, civil commotion, insurrection, war or any related incident;
 - iii. while committing a criminal offense or any act punishable under any law;
 - iv. while traveling in any form of air transportation, except if Insured Member is a paying passenger in a commercial airline on a scheduled passenger trip in its established passenger route.

NOTICE OF CLAIM. The Company must be duly notified in writing within thirty (30) days from the commencement date of hospital confinement. Failure to give notice shall not invalidate the claim if it shall be shown that it was not reasonably possible to give such notice within the prescribed period and that such notice was given as soon as it was reasonably possible.

PROOF OF CLAIM. The Company must be provided with a written proof of hospital confinement within ninety (90) days from the date of discharge from the hospital. Failure to submit written proof shall not invalidate the claim if it shall be shown that it was not reasonably possible to give such proof within the required period and that such proof was given as soon as it was reasonably possible.

The hospital confinement must be certified by the attending physician. It must be supported by admission and discharge clinical abstract summary and certified statement of account of hospitalization acceptable to the Company.

The Company reserves the right to ask the Insured Member to provide more documents or evidence to confirm and assess the claim. The Company shall determine if hospital confinement was medically necessary; if not, said finding shall constitute a cause for denial of the claim.

CANCELLATION. This Rider shall not be cancelled by the Company except upon giving prior written notice mailed or delivered to the Policyholder. No notice of

cancellation shall be effective unless it is based on the occurrence, after the Effective Date of this Rider, of one or more of the following grounds:

1. Non-payment of premiums;
2. Conviction of a crime arising out of acts increasing the hazards insured against;
3. Discovery of fraud or material misrepresentation;
4. Discovery of willful or reckless acts or omissions increasing the hazards insured against; or
5. A determination by the Insurance Commission that the continuation of this Rider would violate or place the Company in violation of the Insurance Code.

The notice of cancellation shall state which of the grounds set forth in this condition is relied upon. Upon written request of the Policyholder, the Company shall furnish the facts on which the cancellation is based. Policyholder may, at any time, cancel this Rider giving written notice mailed or delivered to the Company, in accordance with the provision on Termination.

SHORT PERIOD RATE SCALE. In the event of cancellation, the Company shall refund the paid premiums for this Rider less the earned portion thereof to the Policyholder and, in case the Policy is Contributory, to the Insured Members based on the pro-rata sharing of premiums by the Policyholder and the Insured Members.

The computation of the earned premiums shall be based on the short period rate scale set forth below but in no case may the earned premiums be less than the Company's customary minimum premiums.

Period of Coverage	Earned Premiums as % of Annual Rate
Up to 2 months	40%
Up to 3 months	50%
Up to 4 months	60%
Up to 5 months	70%
Up to 6 months	80%
Over 6 months	100%

NON-PARTICIPATING. This Rider shall not share in the divisible surplus of the Company.

TERMINATION. The insurance of any Insured Member under the Policy shall terminate at the end of the Period of Coverage or the date the Policyholder informs the Company of the termination of the Insured Members coverage.

Termination of individual insurance shall not prejudice any claim arising prior to such termination.

GROUP BURIAL ASSISTANCE BENEFIT MICROINSURANCE RIDER

This Rider is made part of the Policy to which it is attached if its form number is shown in the Policy Schedule or in an endorsement adding this Rider to this Policy. The provisions of the Policy as a rule also apply to this Rider. However, the provisions that are inconsistent with the provisions of this Rider are applicable only to the life insurance under the Policy and not to this Rider.

Effectivity

This Rider becomes effective on the Effective Date shown in the Policy Schedule unless a different date is shown in an endorsement adding this Rider to this Policy.

Benefit

The Company will pay the Burial Assistance Benefit to the Insured Member's Beneficiaries upon receipt of due proof of death of the Insured Member while this Rider is in force and upon approval by the Company of the claim. The Burial Assistance Benefit applicable to the membership classification of the Insured Member is shown in the Policy Schedule.

Suicide

The Company shall not be liable if the Insured Member dies by suicide within one (1) year from the Effective Date of this Rider, provided, however, that suicide committed in the state of insanity will be compensable regardless of the date of commission

Where suicide is not compensable, the Company's liability shall be limited to the return of premiums paid for the current policy year, without interest.

Incontestability

The validity of this Rider shall not be contested, except for non-payment of premiums and other grounds recognized by law, after it has been in force for one (1) year from the Policy Effective Date.

No statement made by an Insured Member relating to his insurability shall be used in contesting the validity of his insurance with respect to which such statement was made, after such insurance has been in force prior to the contest for a period of one (1) year during such Insured Member's lifetime unless contained in a written instrument signed by him.

Conversion

If the life insurance of an Insured Member under this Rider ceases because of termination of employment or of membership in a class or classes eligible for coverage under this Rider, such Insured Member shall be entitled to convert this Rider, at anytime before the expiration of thirty-one (31) days from the date of termination of his life insurance, without evidence of insurability, to a permanent individual life insurance policy for the same benefit amount, provided:

1. The amount of insurance of the new policy is not more than the Burial Assistance Benefit and not less than the minimum amount allowed by the Company for the new policy at the date of conversion. The new premiums will be based on rates that are in use for the attained age of the Insured Member and the applicable risk class under this Rider.
2. The conversion becomes effective only upon receipt and approval by the Company of the proper written application for the conversion and receipt of the full initial premium for the new policy.

If the Insured Member dies during the period within which he would have been entitled to convert this Rider into an individual insurance policy, the amount of insurance he would have been entitled to convert shall be payable as a claim under this Rider, regardless of whether or not the application for the individual policy or payment of the first premium therefore has been made.

Non-Participating

This Rider shall not share in the divisible surplus of the Company.

Termination

The insurance of any Insured Member under the Policy shall terminate at the end of the Period of Coverage or the date the Policyholder informs the Company of the termination of the Insured Members coverage.

Termination of individual insurance shall not prejudice any claim arising prior to such termination.