



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GABAYAN DENNIS

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of **Group Master Policy Contract No. 2022-07-144** issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES INC.,
21A West Riverside St., San Francisco Del Monte, Quezon City,

The **ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**, during the term of this policy and while it is in force, will pay the beneficiaries of the insured upon receipt of due proof of the insured's death or disability in the amount specified in the Group Master Policy, provided the premium therefore has been paid, and subject to the provision on Termination of Individual Insurance.

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Given at Quezon City this 22nd day of August 2023.

LEAH JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GABITAN JESSIE E

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GABRIEL JOEY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GABUYO ROMMEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GACER FRANCIS JOMER A

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GADOC RAUL R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GALANGA ERIC CLARK R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GALAPATE WELMER

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GALASINAO MAC JAEN

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GALIANO JIMBOY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GALOS JANTONEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GAMBOL NELSON G

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GAN EMMANUEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GANAPIN JUDY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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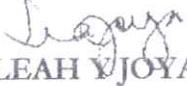
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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GANDEZA JARRISON V

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GARCIA JAMES

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GARCIA JOEY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

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21A West Riverside St., San Francisco Del Monte, Quezon City,

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GARCIA LOUIE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.

LEAH JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GARCIA MARVIN N

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE : 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GARZON DANIEL B

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

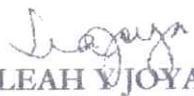
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GASCON EDUARDO JR L

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GASTADOR LOUEI

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GAZO RODELIO I

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

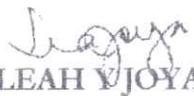
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GELLERA REGIE S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GENAVIA GLENN

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GERBOLINGO ANTONIO N

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GEROMO NORWIN G

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GIBE HIPOLITO P

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GILLADOGA BENJIE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GOMEZ RENAN S

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GONZALES FRANCIS S

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

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PREMIUM PAID

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LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GONZALES JERRY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH JOYA
Deputy Head, NCRSSC, ISD



Armed Forces and Police Mutual Benefit Association, Inc.

Col Bonny Serrano Road cor. EDSA, Camp Aguinaldo, Quezon City, 1110
Landline: +632 8822-MBAI (6224) | Email: mail@afpmbai.com.ph
Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GONZALES JOHN KENNETH

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

This certificate forms part of Group Master Policy Contract No. 2022-07-144 issued to

GOLDEN GATE SECURITY AND INVESTIGATION SERVICES INC.,
21A West Riverside St., San Francisco Del Monte, Quezon City,

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The insurance of the Individual Security Guard shall automatically terminate at the earliest of the following dates: The date of the expiration of the period for which the last required premium on his insurance is paid; or Upon termination of his appointment as Security Guard from the Insured Security Agency; or The date the Insured Security Guard attains his 60th birthday; or Upon payment of the Face Amount or accrued benefits equivalent to the Face Amount given as disability benefit.

Given at Quezon City this 22nd day of August 2023.

LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GONZALES LEO FRANCIS R

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.

LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

| | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF INSURED | : GONZALES MICHAEL |
| AMOUNT OF INSURANCE | : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit 2. Accidental Death Benefit: P 50,000.00 + Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit |
| PERIOD OF COVERAGE | 02 August 2023 to 01 August 2024 (Annual) |
| PREMIUM PAID | : P 372.50 |

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GONZALES WILLIAM L

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.

LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GRANADOZO JOEY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GREJALVO RODEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUALVEZ PHILIP

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED

: GUANTERO MAELYN

AMOUNT OF INSURANCE

: 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE

02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID

: P 372.50

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Given at Quezon City this 22nd day of August 2023.


LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUERRERO LOURDES

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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Web: www.afpmbai.com.ph | Facebook: AFPMBAIOfficial

CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUEVARRA JOSEL

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUIANG ROGELIO U

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
(Annual)

PREMIUM PAID : P 372.50

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUILAS NONIE BOY

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUITAO DANTE

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUMARU AGRIFINO C

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

PERIOD OF COVERAGE 02 August 2023 to 01 August 2024
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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUMILID HELEN

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH V. JOYA
Deputy Head, NCRSSC, ISD



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CERTIFICATE OF INSURANCE COVERAGE

NAME OF INSURED : GUTIERREZ LEONIDES JR

AMOUNT OF INSURANCE : 1. Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit
2. Accidental Death Benefit: P 50,000.00 +
Death Benefit: P 50,000.00 + 2,000.00 Burial Benefit

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LEAH Y. JOYA
Deputy Head, NCRSSC, ISD