



**STRONGHOLD INSURANCE
COMPANY, INC.**

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6776 Ayala Avenue, Makati City, Metro Manila
Tel. Nos. 891-1329 to 37
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VAT Reg. TIN-000-602-270-000



**Philippine Life Financial
Assurance Corporation**

HEAD OFFICE
Corporate Headquarters 4F STI Holdings Center
6764 Ayala Avenue, Makati City 1226
Tel. No.: (+632)798-LIFE(5433)
Website: http://insurance.phillife.com.ph/

STRONGHOLD INSURANCE COMPANY, INC. (SICI) and Philippine Life Financial Assurance Corporation (PhilLife)
(Herein called the Insurer)
COMPULSORY INSURANCE COVERAGE FOR AGENCY - HIRE MIGRANT WORKER

OFW-POC-00000001

PROOF OF COVER

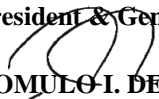
Payor / Policyholder	Name of Insured Migrant Worker
Azizzah International Manpower Services	RICO, MARY ANN S
Period of Coverage:	24 months
Issue Date:	2020-01-10
Name of Beneficiaries	Relationship to Insured
1. KENNEDY RICOS	Father
2. MA.FE RICO	Mother
3. RUSS ADRIAN GORZAL	Sibling
4.	
5.	
Amount of Insurance	
SICI Master Policy Number	
Accidental Benefit	US\$15,000.00
Total Permanent Disablement (Due to Accident)	US\$7,500.00
Repatriation	
Financial Assistance Benefits	
A. In Case of Death	Actual Cost(As provided under RA 10022)
B. Termination Of Employment	Actual Cost(As provided under RA 10022)
C. Medical Repatriation	Actual Cost(As provided under RA 10022)
Subsistence Allowance	\$100.00 per month (maximum 6 months)
Money Claims Benefit	\$1,000.00 per month (maximum 6 months)
Compassionate Visit	Actual Cost(As provided under RA 10022)
Medical Evacuation	Actual Cost(As provided under RA 10022)


PhilLife Master Policy Number	
Amount of Insurance	
Non-Accidental Death Benefit	\$10,000.00
Non-Accidental Total Permanent Disability	\$7,500.00

Employer Details	
Name of Employer	FAHAD MUHAMMAD ABDU ALLAH ALMGAIDAL
Address	ALARBAN ST.ALFAYZIYAH ALBUREYDAH

Term of Insurance: Coverage starts upon departure from the Philippines for a period of 24 months.

(Signed)

President & General Manager

ROMULO I. DELOS REYES JR
Stronghold Insurance Company, Inc.

President & CEO

JOSEPH AUGUSTIN L. TANCO
Philippine Life Financial and Assurance Corporation

INSURANCE BENEFIT. The insurer shall pay the benefits as determined in accordance with the provisions of the Policy immediately upon the receipt and approval of due proof of loss.

BENEFICIARY. An insured shall have the right to designate anybody, not disqualified by law, as his beneficiary or beneficiaries, and may at anytime, designate new beneficiary or beneficiaries by filing through the Policyholder a properly completed written request on a form satisfactory to the Insurer. Such change shall take effect only when recorded in writing by the Insurer at its Home Office but without prejudice to the Insurer on any payment made before receipt of such notice.

The indemnity for the loss of life of an Insured shall be payable to his designated beneficiary or beneficiaries, if surviving; or if there be no beneficiaries designated or surviving at the death of the Insured, to the surviving class of the following classes of successive preference beneficiaries: the Insured's:

1. widow or widower
2. surviving children born to or legally adopted by the member

This Policy may be viewed at and printed thru any of the websites of the Insurance Commission www.insurance.gov.ph, the Philippine Overseas Employment Administration www.poea.gov.ph, insurance provider and recruitment agencies www.strongholdinsurance.com.ph

IMPORTANT NOTICE. The Insurance Commission, with the officers 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 complains, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Ave., Ermita, Manila with telephone numbers +632-5238461 to 70 and with email address pubassist@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph

24/7 Dedicated OFW Hotline:
Mobile Number: 0284594786
Landline: 8459-4786 (local)
00 632 8459 4786 (international)

3. surviving parents
4. surviving brothers and sisters
5. executors and administrators

If there be two or more beneficiaries, they shall share equally on the proceeds unless otherwise specified by the Insured. All other indemnities under the Policy shall be payable to the Insured.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurer within thirty (30) daysafter the occurrence or commencement of any loss covered by the Policy or as soon thereafter as is reasonably possible. Failure to comply within the time provided shall not invalidate nor reduce the claim if it is given as soon as was reasonably possible.

AVAILABILITY OF THE POLICY. The policy shall be kept in the main office and in the custody of an officer of the Policyholder. It will be available to the Insured's for their inspection during regular business hours of the Policyholder.