

HOSPITAL ALLOWANCE BENEFIT ENDORSEMENT

Attached to and forming part of

CANCER ASSIST+ Policy No. _____

Period of Cover: From: _____ To: _____ 4:00 P.M.

We hereby agree with You, subject to Your payment of the additional premium specified above, effective on the date shown above, this Policy, by this Endorsement, shall include Optional Benefit 1: Hospital Allowance Benefit as follows:

HOSPITAL ALLOWANCE BENEFIT

When an amount is indicated opposite to this Benefit in the Schedule, We will pay You the daily Hospital Allowance Benefit subject to the following:

- 1) Limits as stated in the Schedule.
- 2) The confinement is prescribed by a duly qualified attending oncologist.
- 3) The confinement is due to cancer covered under the policy.
- 4) This Benefit shall be in addition to any benefit You are entitled to.

No Hospital Allowance Benefit claim is payable if the Major or Minor Cancer is first diagnosed within the Waiting Period (180 days from inception of initial Policy).

It is a condition under this Policy that this Benefit shall be availed of at the inception of the initial policy in conjunction with the Basic Cover.

Hospital Allowance Benefit

the amount stated in this Endorsement, that is paid to the Insured for every twenty-four (24) hours of the Insured's confinement in a hospital.

Daily Confinement

a continuous period of twenty-four (24) hours from the time of confinement of the Insured in a hospital.

The Hospital Allowance Benefit shall apply after the first two (2) days of the confinement of the Insured in a hospital.

Limit:

Hospital Allowance Benefit

0.5% of Principal Sum Insured daily; Aggregate Limit of 30 days confinement or 15% of Principal Sum Insured, whichever comes first

Except as varied by this Endorsement, the terms and conditions of the Policy to which this is attached to shall remain.

COCOGEN INSURANCE, INC.

T.I.N. 000 432 798



Atty. Darren M. de Jesus

President

COMMITTED. COMPASSIONATE. GENUINE.

COCOGEN INSURANCE, INC.

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