

BURIAL 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 shown above, this Policy, by this Endorsement, shall include Optional Benefit 2: Burial Benefit (due to an accident) as follows:

BURIAL BENEFIT

In the event of Your death, as a result of accident, We will pay Your Beneficiary the amount stated below.

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.

Burial Benefit

the amount stated in this Endorsement, that is paid to the Insured's Beneficiary in the event of the insured's death due to an accident.

You agree that this Benefit does not include death due to Pre-existing condition as defined in this Policy.

Limit:

Burial Benefit

15% of the Principal Sum Insured in respect of death due to accident

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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