

BENEFIT SCHEDULE

1. BENEFITS

The basic insurance shall consist of the following benefits:

A. CRITICAL ILLNESS BENEFIT

Upon receipt of proof satisfactory to the Company, that the Insured has contracted a Critical Illness covered by this Policy and has survived for thirty (30) days after diagnosis or occurrence, we shall pay you the following while the Insured is alive:

- 1) a lump sum equivalent to six (6) times the Monthly Allowance indicated in the Policy Data Page as early as the thirty-first (31st) day from the diagnosis or occurrence of the Critical Illness; and
- 2) 30 Monthly Allowances payable every month starting on the third (3rd) month from the diagnosis or occurrence of the Critical Illness.

The benefit shall be payable on the first contracted Critical Illness, must have been diagnosed while this Policy is in force and is not among the conditions enumerated under the Exclusions for Critical Illness provision of this Policy.

B. TOTAL AND PERMANENT DISABILITY DUE TO CRITICAL ILLNESS BENEFIT

Upon receipt of proof satisfactory to the Company and while the Monthly Allowances are being paid, we shall pay you the Total and Permanent Disability Lump Sum indicated in the Policy Data Page if the Insured becomes totally and permanently disabled as defined in this Policy.

Any other form of total and permanent disability benefit will no longer be provided once the Total and Permanent Disability Lump Sum has been paid by the Company.

The total and permanent disability must be due to the diagnosed Critical Illness and is not among the conditions enumerated under the Exclusions for Total and Permanent Disability provision of this Policy.

C. DEATH BENEFIT

If death occurs prior to or within 30 days from diagnosis of a Critical Illness, we shall pay the beneficiary the sum of all premiums paid within the policy year when death occurs.

If death occurs while the Monthly Allowances are being paid, we shall immediately pay the beneficiary a lump sum equivalent to the remaining Monthly Allowances not yet paid.

Once a death benefit has been paid, no further benefits shall be provided under this Policy.

2. CRITICAL ILLNESSES COVERED

Critical Illness refers to any of the following:

| No. | Critical Illness | No. | Critical Illness |
|-----|--|-----|---|
| 1 | Alzheimer's Disease / Severe Dementia | 19 | Loss of Limbs |
| 2 | Aplastic Anaemia | 20 | Loss of Speech |
| 3 | Bacterial Meningitis | 21 | Major Burns (Third-Degree Burns) |
| 4 | Benign Brain Tumour | 22 | Major Head Trauma |
| 5 | Blindness (Profound Vision Loss) | 23 | Major Organ / Bone Marrow Transplantation |
| 6 | Brain Surgery | 24 | Motor Neurone Disease |
| 7 | Cancer | 25 | Multiple Sclerosis |
| 8 | Coma | 26 | Muscular Dystrophy |
| 9 | Coronary Artery By-pass Graft | 27 | Paralysis/ Paraplegia |
| 10 | Deafness (Loss of Hearing) | 28 | Parkinson's Disease |
| 11 | End-Stage Liver Disease | 29 | Persistent Vegetative State |
| 12 | End-Stage Lung Disease | 30 | Poliomyelitis |
| 13 | Fulminant Hepatitis | 31 | Primary Cardiomyopathy |
| 14 | Heart Attack (Myocardial Infarction) | 32 | Primary Pulmonary Arterial Hypertension |
| 15 | Heart Valve Surgery | 33 | Stroke |
| 16 | HIV due to Blood Transfusion | 34 | Surgery to Aorta |
| 17 | HIV Infection contracted in an Eligible Occupation | 35 | Terminal Illness |
| 18 | Kidney Failure | | |

Specific definitions and exclusions of each of the critical illness listed above can be found in the Critical Illness Definitions and Specific Exclusions portion of the contract.

3. EXCLUSIONS FOR CRITICAL ILLNESS

The Critical Illness Benefit shall not be payable if the Critical Illness results from or is caused directly or indirectly, wholly or partly by:

- a. a congenital condition or from any illness existing within or prior to the ninety-day (90-day) waiting period after the effective date of this Policy, as evidenced by symptom or as may be established by medical examination or autopsy;
- b. pregnancy, childbirth, abortion, or miscarriage, or complications thereof;
- c. psychiatric disorders, or addiction to or misuse of alcohol or drugs not prescribed by a medical doctor;
- d. injuries or illness suffered due to military service or suffered under conditions of war whether declared or not, insurrection, rebellion or mutiny;
- e. attempted suicide or intentionally self-inflicted injury, whether the Insured is sane or insane; or
- f. injury or illness incurred as a result of or while participating in the commission of a crime or any illegal activity;
- g. engaging or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, any kind of driving or riding in any kind of race, underwater activities involving the use of breathing apparatus, martial arts, hunting, mountaineering, parachuting, bungee jumping, flying or aerial activities other than as a fare-paying passenger;
- h. the existence of Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or the presence of any Human Immunodeficiency Virus (HIV) infection, except under circumstances specifically covered in the Critical Illnesses Covered provision and Critical Illness Definitions and Specific Exclusions portion, if any;
- i. any pre-existing condition defined under the Pre-Existing Conditions provision.

4. TOTAL AND PERMANENT DISABILITY COVERAGE

Total and Permanent Disability shall be limited to any disability due to the diagnosed Critical Illness and shall be defined based on the attained age of the Insured at the time total and permanent disability started.

- a. If the attained age of the Insured is 65 or younger, total and permanent disability shall mean disability caused by bodily injury or disease which
 - prevents the Insured from engaging in any gainful occupation, employment or business for which he is fitted by education, training or experience; and
 - must continue uninterruptedly for a period of six (6) months. Total and permanent disability shall be understood to have begun on the first day that such disability has occurred.

The loss of both arms or both legs, or of one arm and one leg, or both eyes, shall be considered total and permanent disability without prejudice to other causes of total and permanent disability. Loss of both arms and both legs shall mean dismemberment by amputation of the entire hand or foot; with regard to eyes, entire and irrecoverable loss of sight.

- b. If the attained age of the Insured is at least 66, the Insured shall be regarded as being totally and permanently disabled if the Insured, due to accident or sickness, has been rendered disabled to such an extent that there are at least three (3) of the six (6) activities of daily living which the Insured is unable to perform without the continuous assistance of another person.

In order for a benefit to be payable, such disability must have persisted continuously for a period of at least 6 months and must, in the opinion of a suitable medical practitioner, appointed by the Company, be deemed permanent.

The activities of daily living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

5. EXCLUSIONS FOR TOTAL AND PERMANENT DISABILITY

The Total and Permanent Disability Benefit shall not be payable if the total and permanent disability results from or is caused directly or indirectly, wholly or partly by:

- a. Any pre-existing disability defined under the Pre-Existing Conditions provision.
- b. intentional self-inflicted injury, attempted suicide, while sane or insane;
- c. Insured being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- d. wartime service or service (including peace time training) in the armed forces or participation in military manoeuvre or activities or in any acts of war (declared or undeclared) or terrorism or any action taken in controlling, preventing, suppressing or any way relating to these activities;
- e. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, any act of terrorism, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
- f. participation by the Insured in a criminal or unlawful act;
- g. participation by the Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable;
- h. any illness or disease as a result of or in any way associated with:
 - Acquired Immune Deficiency Syndrome (AIDS) or any syndrome or condition of a similar kind however it may be named which is diagnosed by a licensed medical practitioner, doctor or surgeon.
 - Presence of the AIDS virus as revealed by a positive AIDS antibody or AIDS virus test.
- i. engaging or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, any kind of driving or riding in any kind of race, underwater activities involving the use of breathing apparatus, martial arts, hunting, mountaineering, parachuting, bungee jumping, flying or aerial activities other than as a fare-paying passenger.

6. LIMITATION OF INSURANCE

You may purchase and have in force one or more policies of this type provided the total benefit coverage payable for the Insured does not exceed P100,000.00 Monthly Allowance or P3,600,000.00 Sum Insured. Any additional policy of this type providing coverage of the Insured in excess of P100,000.00 Monthly Allowance or P3,600,000.00 Sum Insured will be considered null and void, and the corresponding premiums will be refunded less any indebtedness on the additional policy.

GENERAL PROVISIONS

1. CONTRACT

This Policy, the attached Policy Data Page, and the Application therefor or their equivalent in any form, and proof of payment of premium shall constitute the entire insurance contract, and shall hereinafter be referred to as the "Policy".

Only our President, or a Vice President has the authority to modify your Policy or waive any of our rights or requirements, and only in writing.

The Effective Date of your Policy is as indicated in the Policy Data Page provided initial premium is paid on or before that date, otherwise, the Effective Date of your Policy shall be the date of the initial premium payment provided such payment is made within ninety (90) days from the date stated in the Policy Data Page.

The Policy shall not become effective until you have paid the first premium and the Insured is in good health on the Effective Date as defined above.

2. OWNERSHIP OF THE POLICY

During the Insured's lifetime and unless otherwise provided in your Policy, you, as policy owner, are entitled to the rights and benefits it grants. If you die before the insured, the rights and benefits transfer to a substitute policy owner you have appointed at time of application, if he is alive at time of your death, otherwise to the insured, subject to the rights of any assignee on record.

However, if your appointment of any beneficiary under this Policy is irrevocable, you may exercise any of your rights as policy owner only with the approval of all irrevocable beneficiaries.

3. RENEWAL OF POLICY

We shall renew the Policy automatically without requiring proof of insurability of the Insured provided that the last renewal shall not be made later than the expiry date of this Policy indicated in the Policy Data Page, unless the Company at least forty-five (45) days prior to the next Policy Anniversary notifies you of its intention not to renew the Policy or unless the Company receives a written notice of your desire to cancel this Policy.

4. RENEWAL PREMIUMS

The Company will notify you prior to the next Policy Anniversary of the renewal premium. The renewal premium may be adjusted based on the attained age of the Insured.

5. PRE-EXISTING CONDITIONS

No benefit shall be provided for:

- a. a covered Critical Illness occurring before the Effective Date of this Policy; or
- b. any pre-existing disability, injury, illnesses, diseases, impairments or conditions from which the Insured is suffering or for which treatment, medication, consultation, advice, or diagnosis has been sought or received by the Insured or would have caused an ordinary prudent person to seek treatment or cure, prior to the Effective Date of this Policy

unless such was disclosed by the Insured and accepted by us.

6. GRACE PERIOD

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which time this Policy shall be continued in force unless this Policy has been cancelled in accordance with the provisions of this Policy on Cancellation and Termination. However, if the diagnosis of the Critical Illness occurs within the grace period, any premium then due and unpaid will be deducted from payable benefits.

7. CANCELLATION

This Policy shall not be cancelled by the Company except upon prior notice thereof to the Policy Owner in writing, and no notice of cancellation shall be effective unless it is based on occurrence, after the Effective Date of this Policy, of one or more of the following:

- a. the Insured's conviction of crime arising out of acts increasing the hazard insured against
- b. discovery of fraud, material representation or concealment;
- c. discovery of willful or reckless acts or omissions by the Insured increasing the hazard insured against;
- d. a determination by the Commissioner that the continuation of the Policy would violate or would place the insurer in violation of the Insurance Code.

In the event of such cancellation, any pending claim will be denied and the Company shall refund the paid premiums for the current policy year.

8. TERMINATION OF POLICY

If no claim is filed, this Policy shall automatically terminate on the Expiry Date indicated in the Policy Data Page. Otherwise, this Policy shall terminate on the earlier of the death of the Insured or full payment of the Critical Illness Monthly Allowances

9. BENEFICIARY

The beneficiary you designated in your Application or through a policy amendment duly endorsed in your Policy shall receive your Policy's death benefit provided that the beneficiary survives the insured and provided further that the rights of any assignee on record shall be respected.

If you designate more than one primary beneficiary, the death benefit will be paid in equal shares to the primary beneficiaries who survive the insured, unless you stated otherwise in your Application or your written request for policy amendment. If there is no surviving primary beneficiary at the time of the insured's death, the death benefit will be paid in equal shares to the contingent beneficiaries you designated, and who survive the insured. If you did not designate any beneficiary or if no beneficiary survives the insured, the death benefit will be paid to you, if you survive the insured, otherwise to your estate.

If you designate a beneficiary as irrevocable, you must obtain his written consent before you can exercise any of the rights under your Policy that will affect his interest therein. You may change a designated beneficiary by filing a written request during the insured's lifetime, subject to the consent of all irrevocable beneficiaries. The change shall take effect on the date you file your written request with us. However, it will not affect any payment we may have made, or actions we may have taken, before our receipt of your written request.

10. ASSIGNMENT OF POLICY

You may assign your Policy, and such assignment shall be binding on us if the Deed of Assignment is filed with us during the lifetime of the insured, and prior to the expiration of your Policy. We assume no responsibility for the validity or sufficiency of any assignment.

11. MISSTATEMENT OF AGE AND/OR SEX

If the age or sex of the Insured has been misstated, all Benefits payable under this Policy shall be adjusted to the amount that the premium would have purchased at the correct age and sex of the Insured. Any excess premium which may have been paid as a result of such misstatement of age and/or sex shall be refunded without any interest.

However, if according to the correct age of the Insured he is not eligible for coverage under this Policy, the liability of the Company is limited to the refund of all premiums paid, without any interest.

12. CLAIM SETTLEMENT

We shall settle any benefit under this Policy subject to your submission of this Policy and satisfactory proof of critical illness within ninety (90) days from the occurrence of the Critical Illness. Any indebtedness will be deducted from the benefit payable. Failure to file a claim within 90 days from the occurrence of the critical illness shall invalidate the claim, unless it can be shown that it was not reasonably possible to submit such claim within the prescribed period.

Any Monthly Allowance(s) released prior to approval of a death claim will be deducted from the death benefit payable.

13. LEGAL ACTION CLAUSE

Unless the claim has been rejected, no legal action may be filed before the end of sixty (6) days after proof of loss has been filed in accordance with the applicable provisions of this Policy. In any event, no legal action may be filed after one (1) year from the time the claims is denied or decided.

14. CIVIL CODE ARTICLE 1250 WAIVER

The provision of article 1250 of the Civil Code of the Philippines, as amended, which reads:

“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 the payment...”

shall not apply in determining the extent of our obligation under the provisions of this Policy.

CRITICAL ILLNESS DEFINITIONS & SPECIFIC EXCLUSIONS

The following are the definitions and specific exclusions of the Critical Illnesses covered in this Policy.

1. Alzheimer's Disease / Severe Dementia

Progressive deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous care and supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Drug or Alcohol related brain disorder or any reversible organic brain disorder.

2. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents;
- Immunosuppressants; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

3. Bacterial Meningitis

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, aseptic, viral, parasitic or non-infectious meningitis are not covered.

4. Benign Brain Tumour

A definite diagnosis of a benign brain tumour, which is defined as a non-malignant growth of tissue located in the cranial vault and limited to the brain, meninges or cranial nerves. The tumour must be treated with at least one of the following:

- Complete or incomplete surgical removal;
- Stereotactic radiosurgery; or
- External beam radiation.

If none of the treatment options is possible due to medical reasons, the tumour must cause a persistent neurological deficit, which has to be documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not covered:

- The diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain; and
- Tumours of the pituitary gland.

5. Blindness (Profound Vision Loss)

Total and irreversible loss of sight in both eyes resulting from either disease or trauma that cannot be corrected by refractive correction, medication, or surgery. Blindness is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual field of less than 10° diameter in the better eye after best correction.

The diagnosis must be confirmed by a Consultant Ophthalmologist.

6. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

For the above definition, Bur hole and brain surgery as a result of an accident is not covered.

7. Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The diagnosis must be confirmed by a specialist.

Leukaemia, malignant lymphoma, myelodysplastic syndrome, polycythemia rubra vera, essential thrombocythemia, microinvasive carcinoma of the breast or cervix uteri, ductal carcinoma in situ of the breast and prostate cancer stage T1N0M0 are covered under this definition.

For the above definition, the following are not covered:

- Any tumour histologically classified as pre-malignant, non-invasive or carcinoma in situ (including Cervical Dysplasia CIN-1, CIN-2 and CIN-3);
- Lobular carcinoma in situ of the breast unless the condition requires mastectomy;
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aN0M0) unless there is evidence for metastases;
- Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0;
- Papillary micro-carcinoma of the bladder histologically described as Ta;
- Monoclonal gammopathy of undetermined significance;
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter- eradication;
- Gastrointestinal stromal tumour (GIST) stage I and II according to the AJCC Cancer Staging Manual, Seventh Edition (2010); and
- All tumours in the presence of HIV infection.

8. Coma

A definite diagnosis of a state of unconsciousness with no reaction or response to external stimuli or internal needs, which:

- results in a score of 8 or less on the Glasgow coma scale for at least 96 hours,
- requires the use of life support systems, and
- results in a persistent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- medically induced coma; and
- any coma due to self-inflicted injury, alcohol or drug use.

9. Coronary Artery By-pass Graft

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Heart surgery with full sternotomy (vertical division of the breastbone) and minimally invasive procedures (partial sternotomy or thoracotomy) are covered. The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, coronary angioplasty or stent-placement and all other intra arterial catheter based techniques, 'keyhole' or laser procedures are not covered.

10. Deafness (Loss of Hearing)

A definite diagnosis of a permanent and irreversible loss of hearing in both ears as a result of sickness or accidental injury. The diagnosis must be confirmed by a Consultant ENT specialist and supported by an average auditory threshold of more than 90 db at 500, 1000 and 2000 hertz in the better ear using a pure tone audiogram.

11. End Stage Liver Failure

A definite diagnosis of severe liver disease evidenced by a Child-Pugh score of at least 7 points (Child-Pugh Class B or C). The score must be calculated by all of the following variables:

- Total bilirubin levels;
- Serum albumin levels;
- Severity of ascites;
- International normalized ratio (INR); and
- Hepatic encephalopathy.

The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging findings. For the above definition, the severe liver disease secondary to alcohol or drug use (including hepatitis B or C infections acquired by intravenous drug use) is not covered.

12. End Stage Lung Disease

A definite diagnosis of severe lung disease resulting in chronic respiratory failure and evidenced by all of the following:

- FEV1 (Forced Expiratory Volume at 1 second) being less than 40% of predicted on 2 occasions at least 1 month apart;
- Treatment with oxygen therapy for at least 16 hours per day for a minimum of three months; and
- Persistent reduction in partial oxygen pressures (PaO₂) below 55mmHg (7.3 kPa) in arterial blood gas analysis measured without administration of oxygen.

The diagnosis must be confirmed by a respiratory specialist.

13. Fulminant Hepatitis

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis;
- Development of hepatic encephalopathy;
- Decrease in liver size;
- Increase in bilirubin levels;
- Coagulopathy with an international normalized ratio (INR) greater than 1.5;
- Development of liver failure within 7 days of onset of symptoms; and
- No known history of liver disease.

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication); and
- Fulminant viral hepatitis associated with intravenous drug use.

14. Heart Attack (Myocardial Infarction)

A myocardial infarction is death of heart tissue due to prolonged obstruction of blood flow. Under this definition, myocardial infarction is evidenced by a rise and/or fall of cardiac biomarkers (troponin or CKMB) to levels considered diagnostic of myocardial infarction together with at least two of the following criteria:

- Symptoms of ischaemia (like chest pain);
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle branch block); or
- Development of pathological Q waves in the ECG.

The diagnosis must be confirmed by a Consultant Cardiologist. Myocardial infarction with normal coronary arteries or caused by coronary vasospasm or myocardial bridging is covered under this definition.

For the above definition, the following are not covered:

- Acute coronary syndrome (stable or unstable angina);
- Elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity);
- Myocardial infarction caused by drug abuse; and
- Myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery.

15. Heart Valve Surgery

The undergoing of surgery to replace or repair one or more defective heart valves. The following procedures are covered under this definition:

- Heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy;
- Ross-Procedure;
- Catheter-based valvuloplasty; and
- Transcatheter aortic valve implantation (TAVI).

The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings. For the above definition, transcatheter mitral valve clipping is not covered.

16. HIV due to Blood Transfusion

A definite diagnosis of an infection with the Human Immunodeficiency Virus (HIV) resulting from transfusion of blood products. The HIV infection must be evidenced by all of the following:

- The infection is caused by a medically necessary transfusion of blood products received after commencement of the Policy;
- The institution or transfusion service, which provided the transfusion of blood products, is officially registered with and recognised by the health authorities;
- The institution or transfusion service which provided the transfusion of blood products admits liability;
- HIV seroconversion must occur within 12 months of transfusion; and
- The transfusion of the contaminated blood product must have been carried out within Philippines.

For the above definition, the following are not covered:

- HIV infection resulting from any other means of transmission, including sexual activity or drug use; and
- HIV infection resulting from transfusion of blood products due to haemophilia or thalassaemia major.

17. HIV Infection contracted in an Eligible Occupation

A definite diagnosis of an infection with the Human Immunodeficiency Virus (HIV) resulting from an incident occurring during normal duties of employment from the following eligible occupations:

- Medical doctor or dentist;
- Nurse or midwife;
- Physician's assistant or dental assistant;
- Laboratory worker or laboratory technician;
- Member of the fire service;
- Member of the ambulance service;
- Hospital housekeeper or hospital maintenance worker;
- Police officer; or
- Prison officer.

The HIV infection must be evidenced by all of the following:

- The incident must have taken place after commencement of the Policy;
- The incident must have been reported, investigated and documented in accordance with current guidelines of appropriate authorities (for example, workers' compensation board);
- A HIV-negative blood test taken within 5 days of the incident;
- HIV seroconversion must occur within 12 months of the incident; and
- The incident causing infection must have occurred in Philippines.

For the above definition, the following are not covered:

- HIV infection resulting from any other means of transmission, including sexual activity or drug abuse.

18. Kidney Failure

Chronic and irreversible failure of both kidneys, as a result of which either regular haemodialysis or peritoneal dialysis is instituted or renal transplantation is carried out. The dialysis must be medically necessary and confirmed by a Consultant Nephrologist.

For the above definition, acute reversible kidney failure with temporary renal dialysis is not covered.

19. Loss of Limbs

A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis has to be confirmed by a Specialist.

For the above definition, the following are not covered:

- Loss of limbs due to self-inflicted injury.

20. Loss of Speech

A definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease. The condition has to be present for a continuous period of at least 6 months. The diagnosis must be confirmed by a Consultant ENT Specialist.

For the above definition, loss of speech due to psychiatric disorders is not covered.

21. Major Burns (Third-Degree Burns)

Burns that involve destruction of the skin through its full depth to the underlying tissue (third-degree burns) and covering at least 20% of the body surface as measured by "The Rule of Nines" or the "Lund and Browder Chart". The diagnosis must be confirmed by a Specialist.

For the above definition, the following are not covered:

- Third-degree burns due to self-inflicted injury; and
- Any first- or second-degree burns.

22. Major Head Trauma

Major Head Trauma - resulting in permanent loss of physical abilities

A definite diagnosis of a disturbance of the brain function as a result of traumatic head injury. The head trauma must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

For the above definition, the following are not covered:

- Any major head trauma due to self-inflicted injury, alcohol or drug use.

23. Major Organ / Bone Marrow Transplantation

The undergoing as a recipient of an allograft or isograft transplant of one or more of the following:

- Heart;
- Kidney;
- Liver (including split liver and living donor liver transplantation);
- Lung (including living donor lobe transplantation or single-lung transplantation);
- Bone marrow (allogeneic hematopoietic stem cell transplantation preceded by total bone marrow ablation);
- Small Bowel; or
- Pancreas.

For the above definition, the following are not covered:

- Transplantation of other organs, body parts or tissues (including cornea and skin); and
- Transplantation of other cells (including islet cells and stem cells other than hematopoietic).

24. Motor Neurone Disease

A definite diagnosis of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease);
- Primary lateral sclerosis (PLS);
- Progressive muscular atrophy (PMA); or
- Progressive bulbar palsy (PBP).

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery. Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- Feeding oneself – the ability to feed oneself when food has been prepared and made available;
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- Getting between rooms – the ability to get from room to room on a level floor;
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

- Multifocal motor neuropathy (MMN) and inclusion body myositis;
- Post-polio syndrome;
- Spinal muscular atrophy; and
- Polymyositis and Dermatomyositis.

25. Multiple Sclerosis

Definite diagnosis of multiple sclerosis, which must be confirmed by a Consultant Neurologist and supported by all of the following criteria:

- Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months; and
- Magnetic resonance imaging (MRI) showing at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis.

For the above definition, the following are not covered:

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis; and
- Isolated optic neuritis and neuromyelitis optica.

26. Muscular Dystrophy

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD);
- Becker Muscular Dystrophy (BMD);
- Emery-Dreifuss Muscular Dystrophy (EDMD);
- Limb-Girdle Muscular Dystrophy (LGMD);
- Facioscapulohumeral Muscular Dystrophy (FSHD);
- Myotonic Dystrophy (MMD or Steinert's Disease); or
- Oculopharyngeal Muscular Dystrophy (OPMD).

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- Feeding oneself – the ability to feed oneself when food has been prepared and made available;
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- Getting between rooms – the ability to get from room to room on a level floor;
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings. For the above definition, other forms of myotonia are not covered.

27. Paralysis / Paraplegia

Total and irreversible loss of muscle function to the whole of any 2 limbs as a result of injury to, or disease of the spinal cord or brain. Limb is defined as the complete arm or the complete leg.

Paralysis must be present for more than 3 months, confirmed by a Consultant Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not covered:

- Paralysis due to self-harm or psychological disorders;
- Guillain-Barré-Syndrome; and
- Periodic or hereditary paralysis.

28. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a Consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the Life Assured to perform without assistance at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances;
- Feeding oneself – the ability to feed oneself when food has been prepared and made available;
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function;
- Getting between rooms – the ability to get from room to room on a level floor;
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

Drug-induced or toxic causes of Parkinsonism are excluded.

29. Persistent Vegetative State

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment;
- Inability to communicate with others;
- No evidence of sustained or reproducible behavioural responses to external stimuli;
- Preserved brain stem functions; and
- Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures.

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

30. Poliomyelitis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis;
- Other enterovirus infections; and
- Guillain-Barré syndrome or transverse myelitis.

31. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy;
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive);
- Restrictive Cardiomyopathy; or
- Arrhythmogenic Right Ventricular Cardiomyopathy.

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months;
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months; or
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death.

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy;
- Transient reduction of left ventricular function due to myocarditis;
- Cardiomyopathy due to systemic diseases; and
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome).

32. Primary Pulmonary Arterial Hypertension

A definite diagnosis of primary pulmonary hypertension evidenced by all of the following:

- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of 3 months; and
- Mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation.

The diagnosis must be confirmed by a Consultant Cardiologist or Lung Specialist.

For the above definition, the following are not covered:

- Pulmonary hypertension secondary to lung, heart, or systemic disease;
- Chronic thromboembolic pulmonary hypertension (CTEPH); and
- Drug- or toxin-induced pulmonary hypertension.

33. Stroke

Death of brain tissue due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source with

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination.

The neurological deficit must persist for more than 30 days following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.

For the above definition, the following are not covered:

- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels;
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention; and
- Incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke).

34. Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, surgery performed using only minimally invasive or intra arterial techniques are not covered.

35. Terminal Illness

A definite diagnosis of an advanced or rapidly progressing disease, which, in the opinion of the consulting physician and an independent physician appointed by the insurance Company, is not curable and will lead to death within 12 months. The Insured must no longer receive active treatment other than that of palliative therapy (reducing the severity of disease symptoms).

IMPORTANT NOTICE TO THE POLICY OWNER

1. Any person who advises you to discontinue this Policy or any other Policy to take another in its place is seeking his own profit at your expense. Insist on putting his proposal in writing and then submit it to our head office at: Insular Life Corporate Centre, Insular Life Drive, Filinvest Corporate City, Alabang, 1781 Muntinlupa City, for analysis and explanation.
2. Whenever this Policy is required for submission to us for whatever reason, please do not give it to any unauthorized person, but send it directly to our head office, or through any of our district, service, or agency offices.
3. It is not necessary for the Policy Owner or beneficiary to employ any person or corporation to claim any benefit under this Policy. Write directly to our head office, or communicate with the nearest district or service office whose duty is to facilitate all settlements without charge.
4. The Insurance Commission of the Philippines, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws relating to insurance and has supervision over insurance providers and intermediaries. It is ready at all times to render assistance in settling any controversy between an insurance provider/intermediary and a Policy Owner relating to insurance matters. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and with email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

TERMINOLOGY

You, Your - Every use of the word “you” or “your” in this insurance contract refers specifically to the Policy Owner.

We, Our, Us, Company - Every use of the word “we”, “our”, “us” or “Company” in your Policy refers specifically to The Insular Life Assurance Co., Ltd.