

**AGREEMENT  
for the  
USE OF COCOLIFE'S NETWORK OF HEALTH CARE PROVIDERS**

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This Agreement is between Cocolife and the undersigned Policy Owner and is made part of the Variable Life Insurance Policy specified below. All provisions of the Policy will apply, except those that are inconsistent with the provisions of this Agreement.

The enrollment of the Eligible Availor by the Policy Owner, the payment of the initial access fee, and the approval by Cocolife of such enrollment are required for this Agreement to take effect.

**DEFINITIONS**

1. **"Network" or "Accredited Service Providers"** shall mean the network of Cocolife Healthcare accredited service providers. It includes hospitals, clinics, physicians, and other service providers authorized by Cocolife to render medical services to its clients at negotiated rates. A specific service provider within the Network may herein be referred to as a **"Provider"**.
2. **"Eligible Availor"** refers to either the Insured or the Policy Owner as nominated by the Policy Owner below, and accepted by Cocolife as an eligible user of its Network.
3. **"Pre-authorization"** refers to the process by which a patient is pre-approved by Cocolife for inpatient admission and emergency care using the Network.

**USE OF ACCREDITED SERVICE PROVIDERS**

While the Policy is in force and has sufficient Account Value, the Eligible Availor may utilize the services of Cocolife Healthcare Accredited Service Providers with the cost, plus the corresponding processing fee, to be charged from the Policy's Account Value, subject to the following conditions and limitations:

1. The use of the Network shall be limited to the inpatient and emergency care of the Eligible Availor.
2. The use of the services shall be governed by the current standard procedures and guidelines being applied by Cocolife, the Network and by individual Providers, including the need for pre-authorization before each availing of services.
3. At the time of availing, the Policy's Account Value less the sum of previous availments which are still outstanding, including any unpaid processing fees, should not be less than the Minimum Account Value allowed by Cocolife for this purpose. The Minimum Account Value is currently set at **Php 225,000.00**.
4. The maximum limit on all costs of procedures and services, including the corresponding processing fees, which Cocolife may pre-authorize shall not exceed **75%** of the Policy's Account Value at the time of availing, less the sum of previous availments which are still outstanding, including any unpaid processing fees. Any costs incurred during the inpatient admission or emergency care in excess of the maximum limit shall be paid directly by the Policy Owner to the Provider.

**SETTLEMENT OF COSTS**

Upon receipt and verification of the billing statement or statement of account from the Provider covering the cost of availed procedure or service, Cocolife shall deduct such amount from the Policy's Account Value and pay the proceeds directly to the Provider for the account of the Eligible Availor. Cocolife shall, at the same time, deduct from the Account Value the processing fee corresponding to the cost of such procedure or service.

Cocolife, upon verification, shall deduct the actual availing cost and the processing fee whether such availing was pre-authorized or not, and even if such amount exceeds the maximum limit.

In the event that the Account Value is insufficient to cover all the costs of the procedures or services availed plus the corresponding processing fees, Cocolife shall settle the full cost to the Provider and shall bill the Policy Owner for the total costs and processing fees which were not deducted from the Account Value. The Policy Owner should directly pay this excess amount within thirty-one (31) days from the date of billing. Failure by the Policy Owner to reimburse Cocolife with such excess within thirty-one (31) days from the date of billing will entitle Cocolife to collect interests for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board.

Any outstanding costs and processing fees shall be deducted from the Death Proceeds and other benefits payable under the Policy.

**PROCESSING FEE**

A processing fee shall be charged by Cocolife when it pays to the Provider any availing costs incurred by the Eligible Availor. The fee shall be payable in accordance with the above provision on Settlement of Costs. The amount of processing fee shall be equal to **7%** of the total cost of medical procedures and services payable to the Providers.

**EFFECT ON FACE AMOUNT DEFINITION AND POLICY PROVISIONS**

Any amount deducted from the Account Value for the purpose of settlement of availing costs to the Provider, including the processing fee, shall be considered as a partial withdrawal with respect to the definition of Face Amount under the Policy, and with respect to the Death Benefit provision, the No-Lapse Guarantee provision, and the Loyalty Bonus provision of the Policy.

The processing fee charged by Cocolife already includes any withdrawal charge that should have been imposed on such deduction.

## LIMITATIONS ON POLICY TRANSACTIONS

While the cost and corresponding processing fee of any availment remains unsettled the Policy Owner shall not be allowed to switch funds, to change the Fund Allocation Instruction, or to fully withdraw the Account Value.

Partial withdrawal may be allowed but the amount to be withdrawn should not exceed the Policy's Account Value at the time of withdrawal, less the sum of any unsettled availment costs and processing fees. No partial withdrawal, however, will be allowed during the period when the Eligible Availor is undergoing inpatient or emergency care using the Network. No partial withdrawal will be allowed if the amount of withdrawal or the resultant Account Value of the Policy after withdrawal will be less than the minimum amounts set by Cocolife. Any partial withdrawal shall be subject to the Partial Withdrawal provision of the Policy.

## ACCESS FEE

The access fee of **Php 500.00** is payable every year starting on the effective date of this Agreement until it terminates in accordance with the Termination provision. Except for the initial access fee, any access fee due shall be deducted from the Account Value. No access fee will be deducted if the Policy's Account Value on the date the access fee is due, less the sum of any unsettled availment costs and processing fees, is less than the Minimum Account Value specified above.

## ACCESS CARD

Upon the effectivity of this Agreement, Cocolife shall provide the Eligible Availor with an access card, identifying the name of the Eligible Availor and the Policy Number, among others. The Eligible Availor shall be required to present the access card to the Provider before availment of its services. The Eligible Availor and the Policy Owner shall abide by Cocolife's guidelines on the use of the access card. The Policy Owner is obligated to surrender, without need for demand by Cocolife, the access card upon termination of this Agreement.

## TERMINATION

This Agreement will terminate at the earliest of the following events:

1. upon non-deduction of the access fee due if the Account Value is insufficient, in accordance with the Access Fee provision above;
2. upon death of the Eligible Availor;
3. upon termination of the Policy to which this Agreement is attached;
4. upon receipt by Cocolife of the Policy Owner's written request for termination of this Agreement.

Notwithstanding the termination of this Agreement, Cocolife shall have the right to deduct from the Policy's Account Value all outstanding costs of services and procedures availed prior to the termination of the Agreement, as well as the cost of any service or procedure sought and rendered after the termination of the Agreement, plus all the corresponding processing fees, and if the Account Value is insufficient, demand immediate payment from the Policy Owner. The provision on Settlement of Costs shall be applied in the settlement of these amounts.

## NOMINATION OF ELIGIBLE AVAILOR

The Eligible Availor under this Agreement shall be the:

*(Please check one only.)*

- ☐ Insured  
☐ Policy Owner

\_\_\_\_\_  
Signature over Printed Name of Applicant / Policy Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature over Printed Name of Irrevocable Beneficiaries

\_\_\_\_\_  
Date Signed



**COCOLIFE**

*(This portion is to be filled up by Cocolife upon approval)*

Effective Date of Agreement \_\_\_\_\_

Attached to Variable Life Policy No. \_\_\_\_\_

Name of Eligible Availor \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Approving Officer  
(POSITION)

**\*\*\* THIS AGREEMENT IS NOT VALID WITHOUT THE APPROVAL OF COCOLIFE \*\*\***