

**PRODUCT BULLETIN  
ARUGA**  
**Major Health Condition Plan (Individual)**

ACTL-PDB-220002

SEPTEMBER 2022

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**I. PLAN FEATURES**

- ❖ **ARUGA** is a peso denominated, limited pay, term life coverage up to age 85 (policy will terminate upon attainment of age 85) insurance plan which provides the following benefits, whichever is applicable, upon claim:

- Death Benefit
- Major Health Condition Benefit – acceleration of the Death Benefit
- Minor Health Condition Benefit – partial acceleration of the Death Benefit or the Major Health Condition Benefit
- Return of Premium Benefit at Maturity

**BENEFITS**

**A. Death Benefit**

While the policy is inforce and in the event of death of the Insured prior to attaining age 85, a lump sum Death Benefit will be paid to the beneficiaries equivalent to 100% of the plan's Face Amount less any advanced Minor Health Condition Benefits paid.

For this plan, 100% of the Face Amount will be paid in case of death of the Insured or if he is diagnosed with a major health condition, whichever comes first, and the policy will terminate after.

**B. Major Health Condition Benefit**

The Major Health Condition Benefit is an acceleration of the Death Benefit. This benefit is equal to 100% of the Face Amount less any advanced Minor Health Condition Benefit, and will be paid if the Insured suffers any of the Major Health Conditions as defined, due to an illness or an accidental injury as described below, or due to a diagnosis of a major illness as specified.

A health condition will be classified as a Major Health Condition if it falls under any of the following conditions (**Result-Oriented**):

- Life Impact Condition
- Major Loss Condition
- Specific Illness Condition

**1. Life Impact Condition**

A medical condition which causes the Insured to be incapacitated and Unable to Work, i.e., unable to perform work/occupation or study for eight (8) or more consecutive weeks; and experience two (2) or more of the following:

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- (i) Uninterruptedly and continuously stayed in the Hospital for ten (10) or more consecutive days
  - (ii) Admitted and stayed in the ICU for three (3) or more consecutive days
  - (iii) Registered Medical Specialist confirms lifelong medication is needed
  - (iv) Underwent surgery under general, spinal, or epidural anesthetic

**"Unable to work"** shall mean unable to perform 3 or more Daily Work Activities over the given period.

**Daily Work Activities** includes the following activities without the support of another person but using special equipment routinely available to help with these tasks (if needed).

- 1. Walking more than 200 meters on a flat surface
- 2. Climbing up a flight of 12 stairs and down again, using the handrail if needed.
- 3. Lifting an object weighing 2kg at table height, holding for 60 seconds and then replacing it back on the table.
- 4. Bending or kneeling to touch the floor and straighten up again.
- 5. Getting into a standard saloon car, and then out again.
- 6. Writing legibly using a pen or pencil, or type using a physical, electronic or virtual keyboard.

## **2. Major Loss Condition**

Major Loss Condition shall mean any of the following conditions for which is due to an illness or an accidental injury:

- (i) Permanent advanced cognitive impairment
- (ii) Permanent need for wheelchair
- (iii) Permanent loss of use of 2 limbs, or both hands, or all fingers and both thumbs, or both feet, or sight of both eyes, or hearing, or speech.

## **3. Specific Illness Condition**

Specific Illness Condition includes the following three (3) illnesses:

- (i) Heart Attack
- (ii) Stroke
- (iii) Cancer

The policy will terminate upon payment of the Major Health Condition Benefit.

\* See annex for complete Major Health Condition Benefit provision and exclusions.

## **C. Minor Health Condition Benefit**

In case the Insured is diagnosed with any of the Minor Health Conditions listed below, 20% of the Face Amount will be accelerated and will be paid to the Policyowner. The Insured may claim for the Minor Health Condition Benefit up to a maximum of 2 minor condition claims during the life of the policy.

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1. Angioplasty and Stenting for Carotid Arteries
2. Carcinoma-in-situ
3. Cardiac Pacemaker Implantation
4. Carotid Artery Surgery
5. Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery
6. Early Stage Malignancy
7. Early Thyroid Cancer
8. Endovascular Treatment of Cerebral Aneurysm
9. Endovascular Treatment of Peripheral Arterial Disease
10. Less Severe Heart Attack

Any Minor Health Condition Benefit paid shall be deducted from the Death Benefit, the Major Health Condition Benefit, or Return of Premium Benefit.

\* See annex for complete Minor Health Condition Benefit definitions.

**D. Return of Premium Benefit**

If the Insured is alive on the Maturity Date and no Major Health Condition Benefit has been paid under the policy, the Company will pay the Return of Premium Benefit equal to the sum of all the Basic Premiums paid under the policy without interest, less any Minor Health Conditions Benefits paid.

- ❖ The plan will be available in the following premium payment period options:

Regular Underwriting:

- 10-Pay
- 15-Pay
- 20-Pay

SIO:

- 10-Pay
- 15-Pay

- ❖ The plan will have a Waiting Period of 90 days for Major Health Condition and Minor Health Condition not caused by an accident.
- ❖ The Policy shall automatically terminate on the earliest occurrence of any of the following circumstances:
  1. upon death of the Insured; or
  2. upon payment of the Major Health Condition claim; or
  3. if the Policy is lapsed, surrendered, or otherwise terminated; or
  4. upon Maturity Date of the policy; or
  5. upon surrender of the policy for its Cash Surrender Value.

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- ❖ Available premium payment modes & corresponding modal factors:

- Annual: 1.00
- Semi-Annual: 0.53
- Quarterly: 0.275
- Monthly: 0.0975

**II. DISTRIBUTRION CHANNEL**

This plan is intended to be distributed through Retail Distribution Channels

- IMD
- Bancassurance
- ADC / PSO

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**III. UNDERWRITING RULES**

**A. Issue Ages**

Issue ages for this plan are as follows:

Regular Underwriting:

- 10-Pay: 0 to 50
- 15-Pay: 0 to 50
- 20-Pay: 0 to 45

SIO:

- 10-Pay: 0 to 45
- 15-Pay: 0 to 40

Issue ages are based on the insured's age nearest birthday.

**B. Face Amount Limits**

Regular Underwriting:

The minimum and maximum Face Amount for this plan is P500,000.00 and P5,000,000.00, respectively.

SIO:

The only allowed Face Amount is P300,000.00 only.

Face Amount greater than 300,000 up to less than 500,000 will not be offered for this plan.

**C. Underwriting Selection**

The plan will be available under Regular Underwriting, as well as through Simplified Issue Offer (SIO).

For the SIO, the applicant will be underwritten through a knockout questionnaire.

Policies with Face Amount of 500,000 or greater will follow regular underwriting. The Underwriting Department reserves the right to require additional evidence of insurability as it deems necessary to evaluate and properly classify the applicant.

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**D. Substandard Issues**

Substandard ratings shall be assessed on each life, as the case may be. This plan allows substandard ratings as shown in the table below.

<b>Plan</b>	<b>Rating class</b>	<b>Maximum Issue Age</b>
10-Pay	A to C	50
	D to H	45
15-Pay	A to C	45
	D to F	40
20-Pay	A to C	40

Policies of policemen, military personnel, and pregnant woman shall be postponed for issuance at the moment, until Head Office's advice.

**E. Flat Extra**

The maximum flat extra allowed is 3.0 per thousand of sum assured.

**F. Beneficiaries**

The usual rules on beneficiary designation shall apply.

**G. Backdating**

Backdating for new business and for reinstatement shall not be allowed to this product.

**H. Other Limits**

1. Every Insured may only have at most one (1) ARUGA policy under SIO.
2. The aggregated Face Amount for all ARUGA policies for each Insured must not exceed P5,000,000.00.
3. Any additional ARUGA policy from the first ARUGA policy shall undergo Regular Underwriting if the succeeding policy is not under SIO. For applications made within one year from the first ARUGA policy, the Underwriting Department may request for an updated medical test result of the Insured.
4. For insured with existing policy(ies) with COCOLIFE, the SIO variant of Aruga may only be issued if the total life coverage of his existing policy(ies) does not exceed P1,200,000.00. If the total life coverage exceeds the said amount, ARUGA under Regular Underwriting may still be considered for application. For applicants with existing policies with COCOLIFE, ARUGA under Regular Underwriting may be applied for subject to usual Underwriting limits.

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**IV. RIDERS**

**A. Accidental Death and Dismemberment Rider**

The Accidental Death and Dismemberment is a comprehensive rider providing a wide range of benefits from death to injuries caused by accidents. Accidental coverage is provided until age 65, or until the termination of the policy, to which the rider is attached, whichever comes first.

Issue Age of Insured	:	10 to 55 years old
Payment Terms	:	premium payment period or insured attains age 64, whichever is sooner
Coverage	:	until the maturity of the plan or until insured attains age 65, whichever is sooner

**B. Waiver of Premium Upon Disability**

This rider will pay the future premiums of the policy in the event that the insured is unable to perform work due to disability. The rider doesn't reduce or otherwise affect the amount payable in any settlement of the policy or any dividend or any non-forfeiture or loan values under the policy.

Issue Age of Insured	:	18 to 55 years old
Payment Terms	:	premium payment period or insured attains age 59, whichever is sooner
Coverage	:	until the end of the payment period or until insured attains age 60, whichever is sooner

**C. Payor's Benefit Rider**

**1. Payor's Benefit Rider Due to Death of the Payor**

This Rider waives future premiums due if the Payor dies before the policy anniversary nearest his 60<sup>th</sup> birthday or prior to the termination of this rider

**2. Payor's Benefit Rider Due to Death and Disability of the Payor**

This Rider waives future premiums due if the Payor, before the policy anniversary nearest his 60<sup>th</sup> birthday, dies or becomes totally disabled and has been continuously so disabled for at least six months.

Issue Age of Insured/Child	:	0 to 17 years old
Issue Age of Payor	:	18 to 55 years old
Payment Terms	:	premium payment period or until Payor attains age 59

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Coverage	:	or until Child attains age 24, whichever is soonest until the end of the payment period or until Payor attains age 60 or until Child attains age 25, whichever is soonest
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**Notes:**

1. No rider is attachable under Simplified Issue Offer (S/I/O).
2. Issue Ages of the riders are subject to the applicable issue age limits of the Base Plan.

**V. PREMIUMS**

**A. Schedule of Gross Premium Rates**

The gross rates depend on the issue age based on the insured's age nearest birthday and on the payment period chosen.

**B. Modal Factor**

Annual	1.0000
Semi-Annual	0.5300
Quarterly	0.2750
Monthly	0.0975

**C. Policy Fee**

The usual policy fee of Ps 400.00 shall be charged.

**D. Gross Premium Computation**

**1. Aruga (Base Plan)**

Issue Age	:	Age Nearest Birthday of the Insured
Premium Rate	:	expressed as per thousand of the basic plan's face amount
Computation	:	Premium Rate x Basic Plan's Face Amount ÷ 1000 + Policy Fee

**2. Accidental Death and Dismemberment Rider**

Issue Age	:	Age Nearest Birthday of the Insured
Premium Rate	:	expressed as per thousand of the AD&D face amount
Computation	:	AD&D Rate x AD&D Face Amount ÷ 1000

**3. Waiver of Premium Upon Disability**

Issue Age	:	Age Nearest Birthday of the Insured
Premium rate	:	expressed as per hundred of total gross premiums

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Computation : WPD Rate x (Basic Plan's Premium + AD&D/ADB Premium) ÷ 100

#### 4. Payor's Benefit Rider (Death Only or Death and Disability)

Issue Age : Age Nearest Birthday of the Payor and Child Insured  
Premium Rate : expressed as per hundred of total gross premiums  
: Dependent on Payor's Age  
Computation : PBR Rate x (Basic Plan's Premium + AD&D/ADB Premium) ÷ 100

#### E. Sample Computation

##### Example 1

Age of Insured : 30  
Age of Payor : 30  
Plan : Aruga 10  
Riders : AD&D  
WPD  
Face Amount : 500,000

##### 1. Aruga 10

Basic Rate = 53.27  
Annual Premium =  $53.27 \times 500,000 / 1000 + 400$   
= Ps 27,035.00

##### 2. Accidental Death and Dismemberment Rider (AD&D)

AD&D Rate = 3.55  
AD&D Premium =  $3.55 \times 500,000 / 1000$   
= Ps 1,775.00

##### 3. Waiver of Premium Upon Disability (WPD)

WPD Rate = 6.11  
Premiums to be Waived = Aruga 10 + AD&D Premium  
=  $27,035.00 + 1,775.00$   
= 28,810.00  
WPD Premium =  $6.11 \times (28,810.00) / 100$   
= Ps 1,760.29

##### 4. Total Annual Premium

Total Annual Premium = Term Shield 65 + AD&D + WPD Premium  
=  $27,035.00 + 1,775.00 + 1,760.29$   
= **Ps 30,570.29**

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**Example 2**

Age of Insured	:	40
Age of Payor	:	40
Plan	:	Aruga 15 (SIO)
Riders	:	None
Face Amount	:	300,000

1. Aruga 15 (SIO)

Basic Rate	=	59.75
Annual Premium	=	$59.75 \times 300,000 / 1000 + 400$
Total Annual Premium	=	Rs 18,325.00

**VI. NON-FORFEITURE**

**A. Cash Value**

The plan may be surrendered for its Cash Value derived from the Table of Cash Values.

Cash values are available starting at the end of policy year 2 for 10-Pay and 15-Pay, and at the end of year 3 for 20-Pay. Cash values are available starting at the end of policy year 2 for 10-Pay and 15-Pay, and at the end of year 3 for 20-Pay.

The appropriate cash values can be read off from the table, and depend on:

- (a) the issue age;
- (b) the policy year in which the cash value will be availed.

The Cash Values in the table are based on completed policy years, and on the assumption that there is no indebtedness. When the policy is surrendered for cash, the policy automatically terminates and the Cash Value of this plan, if available, less any indebtedness, is paid to the policyowner.

**B. Reduced Paid-Up Insurance**

If the plan is converted under this option, the Cash Surrender Value, if any, will be used as a net single premium to buy a Non-Participating Paid-Up Plan for a reduced face amount. The Reduced Paid-Up Plan will remain to provide insurance coverage for the Death Benefit, Major Health Condition Benefit and Minor Health Condition Benefit, and a Pure Endowment Benefit at maturity in lieu of the Return of Premium Benefit

**C. Extended Term Insurance**

Extended Term Insurance is not available.

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**D. PREMIUM DEFAULT OPTION**

If a premium due remains unpaid and no option is chosen by the Policyowner by the end of the grace period, the policy shall automatically continue to be in force based on Premium Loan Option for both standard and rated policies.

**VII. POLICY LOAN / PREMIUM LOAN**

**A. POLICY LOAN**

When the Cash Value becomes available while the Policy is in force, the Policyowner may obtain a loan for an amount not exceeding the applicable percentage of the Cash Value of the basic Policy, as determined by the Company, less interest on the loan to the date of the next policy anniversary.

The loan will be charged interest at a rate as communicated to the Policyowner on the date the loan took effect. The loan, together with interest, is payable on or before the next Policy anniversary, but if it is not paid, both loan and interest automatically become a new loan on the Policy anniversary, on which the interest will be charged at the rate in effect from that date.

The Company may postpone granting of a loan for not more than six (6) months after our receipt of the written request for the loan.

The Company will deduct all loans and their interest from any money payable under the Policy. If at any time the total debt under the policy becomes more than the available Cash Value, the policy will automatically end without any value on that date.

**B. PREMIUM LOAN**

Under Premium Loan option, any premium remaining unpaid at the end of the grace period will first be paid as a Policy Loan.

However, if the Cash Value is insufficient to cover the premium, the next smaller modal premium is paid instead, provided this is not less than a quarterly premium for which Cash Value may be sufficient.

When the available Cash Value is no longer sufficient to cover at least a quarterly premium, we shall keep this Policy in force for that proportion of the quarter of a year for which such available Cash Value bears to a quarterly premium.

When the available Cash Value becomes less than the quarterly mode premium due, the Policyowner will be informed in writing of the remaining term of coverage.

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**VIII. COMMISSION AND OVERWRITES**

**Basic Commission**

Follow channel commission structure

**Riders**

All attachable rides will follow commission schedule of the base plan

**Extra Premiums**

Extra premium due to substandard medical rating will follow the commission schedule of the base plan. However, flat extra premiums are not commissionable.

**A. Agency Managers and Branch Managers Overwrites**

The existing Agency Manager's Overwrites and Branch Manager's Management Fee schemes shall apply.

**B. Production Credits**

Production credits will follow the current schedule and compensation guidelines in effect and subject to specific rules of contests and drives.

**IX. POLICY CHANGES**

**A. Change of Payment Term**

Change of payment term is not allowed for this.

**B. Increases in Face Amount**

Increases in face amount for policies issued under Full Underwriting is allowed within 90 days from policy inception, and as such subject to the same underwriting rules as new issues and effect as from policy inception. Change of face amount is not allowed for SIO.

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## ANNEXES

### A. Definitions

**HOSPITAL** means a legally constituted establishment which meets all of the following requirements:

- (1) holds a license as a hospital;
- (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
- (3) provides 24 hours a day nursing service by registered or graduate nurses;
- (4) has a staff of one or more licensed physicians available at all times;
- (5) provides organized facilities for diagnosis and surgical facilities; and
- (6) is not primarily a clinic, nursing home or convalescent home or similar establishment, nor, other than incidentally, a place for alcoholics or drug addicts.

**IN GOOD HEALTH** means the Insured is performing all the usual and normal activities of life, he is neither hospital confined nor disabled to a degree that he could not then perform his usual and normal activities of life, and he does not have any of the following health conditions:

- a. metastatic cancer diagnosed and/or treated within the last five years of application or enrolment for insurance; or
- b. end-stage kidney failure or chronic renal failure requiring dialysis; or
- c. any major organ transplant; or
- d. myocardial infarction (heart attack), coronary thrombosis (clog), coronary disease requiring coronary artery by-pass surgery, or any related heart diseases; or Stroke infarction of brain tissue, hemorrhage and embolization from an extracranial source, or any related cerebrovascular or neurological diseases.

**INJURY** means accidental bodily injury resulting independently of any other causes and producing a contusion or wound visible on the exterior of the body, except in cases of drowning, or internal injury revealed by medical examination or autopsy.

**MEDICALLY NECESSARY** means such Confinement, treatment, procedure, supplies or other medical services which:

- 1) are required for the diagnosis or direct treatment of the Insured's Covered Sickness; and
- 2) are appropriate and consistent with the symptoms and findings or diagnosis and direct treatment of the Insured's Covered Sickness; and
- 3) are in accordance with generally accepted medical practice; and
- 4) are not purely experimental or investigative in nature; and
- 5) could not be omitted without adversely affecting the Insured's medical condition.

**PHYSICIAN** means any person licensed by the Department of Health or other countries' similar government authority to render medical and surgical services and acting within the scope of his license other than the Insured or a member of the Insured's immediate family.

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#### B. Specific Provisions

##### I. MAJOR HEALTH CONDITION BENEFIT

If the Insured suffers any of the Major Health Conditions below due to an illness or an accidental injury as described below, or due to a diagnosis of a major illness as specified, while this Policy is inforce, we will pay to you, if alive, or if not to the Insured if he is alive, or otherwise to your designated Beneficiary(ies), the Face Amount, as shown in the Schedule of Benefits and Premiums, less any Minor Health Conditions Benefits paid, and any indebtedness to us, and provided that:

the illness for which the Insured suffered resulting to the Major Health Condition has occurred ninety (90) days after the Effective Date of this Policy or the date of its last reinstatement, whichever is later, as evidenced by the symptoms of the said illness occurring after this said period, or as may be established by medical examination.

Subject to the exclusions, the 90-day waiting period may not be applied if the Major Health Condition for which the Insured has suffered was a result wholly and directly by an accident occurring after the effective date or date of last reinstatement, whichever is later.

A health condition is classified as a Major Health Condition if it falls under any of the following conditions:

1. Life Impact Condition;
2. Major Loss Condition; or
3. Specific Illness Condition

The Major Health Condition must be confirmed by a Physician who is duly licensed, qualified and accredited as a specialist for the Major Health Condition being claimed and/or by our medical director or authorized medical consultant, according to our guidelines.

##### 1. Life Impact Condition

A medical condition which results the Insured to require major medical care period, and at the same time incapacitates him for eight (8) or more consecutive weeks.

Major medical care period shall mean the Insured experiences two (2) or more of the following:

- (i) Uninterruptedly and continuously stayed in the Hospital for ten (10) or more consecutive days. Transfer to another Hospital of the Insured as deemed Medically Necessary, where the Insured is transferred directly from the previous attending Hospital to the other, shall not be treated as an interruption on the stay of the Insured in the Hospital and shall be considered as a continuous stay in the Hospital;
- (ii) Admitted and stayed in the ICU for three (3) or more consecutive days;
- (iii) Registered Medical Specialist confirms lifelong medication is needed;
- (iv) Underwent surgery under general, spinal, or epidural anesthetic

The Insured is incapacitated during the given period if he is working or carrying out domestic duties, or studying, and is Unable to Work for eight (8) or more consecutive weeks.

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**Unable to Work** shall mean unable to perform 3 or more Daily Work Activities over the given period.

**Daily Work Activities** includes the following activities without the support of another person but using special equipment routinely available to help with these tasks (if needed).

1. Walking more than 200 meters on a flat surface
2. Climbing up a flight of 12 stairs and down again, using the handrail if needed.
3. Lifting an object weighing 2kg at table height, holding for 60 seconds and then replacing it back on the table.
4. Bending or kneeling to touch the floor and straighten up again.
5. Getting into a standard saloon car, and then out again.
6. Writing legibly using a pen or pencil, or type using a physical, electronic or virtual keyboard.

The major medical care period and 8-week incapacity period must be within the same 120-day period; and is connected to the same medical condition.

The Major Health Condition Benefit for Life Impact Condition will be payable if either the major medical care period and 8-week incapacity period starts prior to the termination of this Policy. This benefit under the said condition will not be payable if both periods start after the policy has ended.

## 2. Major Loss Condition

Major Loss Condition shall mean any of the following conditions resulting from an illness or an accidental injury:

- i. Permanent Advanced Cognitive Impairment
- ii. Permanent Need for Wheelchair
- iii. Permanent Loss of Use of 2 limbs, or both hands, or all fingers and both thumbs, or both feet, or sight of both eyes, or hearing, or speech.

"Permanent", as used under this benefit shall mean the state of the Insured of having such condition for a continuous period of at least six (6) months and leading to a permanent state of such condition.

Advanced Cognitive Impairment is defined as "a deterioration or loss in intellectual capacity that

- a. places a person in jeopardy of harming him or herself or others and, therefore, the person requires substantial supervision by another person; and
- b. is measured by clinical evidence and standardized tests which reliably measure impairment in:
  1. short or long term memory;
  2. orientation to people, places or time; and
  3. deductive or abstract reasoning.

Need for Wheelchair means the need of use of a wheelchair as an assistive device to enable the Insured to move from one room to another room, where the need for wheelchair is due to the incapacity of the Insured to walk.

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Loss of use means total and permanent paralysis, or complete severance of such body part. With reference to hand or foot, this means total and permanent paralysis or complete severance at or above the wrist or ankle joint; as used with reference to eyes, means the entire and irrecoverable loss of sight; as used with reference to speech or hearing, entire and irrecoverable loss of either; and as used with reference to any finger means total and permanent paralysis or complete severance of the finger of either hand through or above the metacarpophalangeal joints.

**3. Specific Illness Condition**

Specific Illness Condition includes the following three (3) illnesses and excludes all other illnesses. Any diagnosis of a Specific Illness Condition must fulfill the meaning together with the terms and conditions stated under Major Health Condition.

We reserve the right to change these definitions from time to time as we deem necessary, subject to approval of the Insurance Commission and proper notice.

**1. Heart Attack (Acute Myocardial Infarction)**

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The positive diagnosis must be based on the meeting of all of the following:

- a) a history of typical chest pain or symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction;
- b) recent electrocardiographic changes indicative of myocardial infarction; and
- c) unequivocal rise above accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins.

The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 60 days after hospital discharge.

For the above definition, other acute coronary syndromes are not covered, including, but not limited to, angina or the chance finding of ECG changes suggestive of a previous heart attack.

**2. Stroke**

A cerebrovascular accident or incident producing neurological sequelae lasting for more than twenty-four (24) hours and including infarction of brain tissue, hemorrhage or embolization from an extra-cranial source. Evidence of permanent neurological damage must be produced. Prolonged reversible ischaemic neurological disease and transient ischaemic attacks are not covered. The permanent nature of a neurological defect has to be confirmed by a neurologist at the earliest one (1) month after the event.

**3. Cancer**

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.

The cancer must be confirmed by histological evidence of malignancy and confirmed by an oncologist or pathologist licensed and qualified in the Philippines.

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The following are excluded:

- (a) 'Carcinoma-in-situ'
- (b) All pre-malignant or non-invasive cancers;
- (c) Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- (d) Any skin cancer and melanomas of less than 1.5 mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- (e) Hyperkeratoses, basal cell and squamous cell skin cancers;
- (f) Early prostate cancers histologically described as TNM Classification T1a or T1b or equivalent classification;
- (g) Papillary micro-carcinoma of the Thyroid or Bladder, less than 1cm in diameter;
- (h) Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- (i) Stage 1 Hodgkin's disease; and
- (j) All tumors in the presence of HIV infection.

## II. MINOR HEALTH CONDITION BENEFIT

If the Insured has been diagnosed as suffering from a Minor Health Condition while this Policy is inforce, we will pay to you, if alive, or if not to the Insured if he is alive, or otherwise to your designated Beneficiary(ies), twenty percent (20%) of the Face Amount as shown in the Schedule of Benefits and Premiums, less any Indebtedness, provided that:

the Minor Health Condition for which the Insured is suffering has occurred ninety (90) days after the Effective Date of this Policy or the date of its last reinstatement, whichever is later, as evidenced by the symptoms of the said illness occurring after this said period, or as may be established by medical examination.

The Minor Health Condition must be confirmed by a physician who is duly licensed, qualified and accredited as a specialist for the Minor Health Condition being claimed and/or by our medical director or authorized medical consultant, according to our guidelines.

The Insured can claim a Minor Health Condition Benefit for a maximum of two (2) Minor Health Conditions while this Policy is inforce. The two (2) Minor Health Condition Benefit claims must be due to diagnoses of two different Minor Health Condition, or in the case of Carcinoma-in-situ, must be resulting from diagnoses of such on two different organ groups. Our liability under this benefit shall cease upon payment of the two (2) Minor Health Condition Benefits. Your premiums will not be affected by the payment of any benefits under the Minor Health Condition Benefit.

A Minor Health Condition means any of the conditions specified below from (1) to (10) and excludes all other illnesses. Any diagnosis of a Minor Health Condition must fulfill the meaning together with the terms and conditions stated hereabove.

We reserve the right to change these definitions from time to time as we deem necessary, subject to approval of the Insurance Commission and proper notice.

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#### **1. Angioplasty and Stenting for Carotid Arteries**

The actual undergoing of an endovascular intervention, such as angioplasty and/or stenting, or atherectomy to alleviate symptoms to treat at least 80% stenosis of one or more carotid arteries. Prior experience of a Transient Ischaemic Attack is required.

#### **2. Carcinoma-in-situ**

A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissue in any one of the following covered organ groups, and subject to any classification. "Invasion" means an infiltration and/or active destruction of normal tissue beyond the basement membrane. Diagnosis of carcinoma-in-situ must always be supported by a histopathological report.

- a) Breast;
- b) Cervix uteri or uterus;
- c) Colon and rectum;
- d) Liver;
- e) Lung;
- f) Nasopharynx;
- g) Ovary or fallopian tube;
- h) Penis;
- i) Stomach and esophagus;
- j) Testicles;
- k) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included; and
- l) Vagina

(each an "Organ Group" or collectively "Organ Groups")

For Organ Groups with both left and right components, including but not limited to breasts, ovary, fallopian tube and lung, the left and right components of an Organ Group will be considered as one and same Organ Group.

For carcinoma-in situ of cervix uteri, carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue from a cone biopsy or colposcopy with cervical biopsy. Clinical diagnosis does not meet this standard. Cervical Intraepithelial Neoplasia (CIN) classification including CIN I and CIN II are specifically excluded.

For carcinoma-in-situ of uterus, the tumor should be classified as TisN0M0 according to the TNM staging method or FIGO 0 – according to the method of The Federation Internationale de Gynecologie et d'Obstetrique.

For carcinoma-in-situ of ovary, the tumor should be capsule intact, with no tumor on the ovarian surface, classified as T1aN0M0 (TNM classification) or FIGO 1A (The Federation Internationale de Gynecologie et d'Obstetrique).

For carcinoma-in-situ of fallopian tube, the tumor should be limited to the tubal mucosa and classified as Tis according to the TNM staging method.

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For carcinoma-in-situ of vagina, the tumor should be classified as Tis according to the TNM staging method or FIGO 0 according to the method of The Federation Internationale de Gynecologie et d'Obstetrique

#### **3. Cardiac Pacemaker Implantation**

Cardiac pacemaker or defibrillator insertion is required as a result of serious cardiac arrhythmia which cannot be treated via other means.

#### **4. Carotid Artery Surgery**

The actual undergoing of endarterectomy of the carotid artery to treat at least 80% narrowing of the vessel lumen of the common or internal carotid artery. Prior experience of a Transient Ischaemic Attack is required.

Endarterectomy of blood vessels other than the carotid artery are specifically excluded.

#### **5. Cerebral Aneurysm or Arteriovenous Malformation Requiring Surgery**

The undergoing of intracranial surgery via a craniotomy to clip, repair or remove a cerebral aneurysm or arteriovenous malformation; or undergoing of Gamma Knife radiosurgery to obliterate arteriovenous malformation. Procedures other than craniotomy or Gamma Knife radiosurgery are specifically excluded.

#### **6. Early Stage Malignancy**

The presence of one of the following malignant conditions:

- a) Chronic lymphocytic leukemia classified as RAI Stage I or II;
- b) Non melanoma skin cancer; or
- c) Tumor of the prostate histologically classified as T1a or T1b accordingly to TNM classification.

Pre-malignant lesions and conditions, unless listed above, are excluded.

#### **7. Early Thyroid Cancer**

Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.

#### **8. Endovascular Treatment of Cerebral Aneurysm**

The actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm.

#### **9. Endovascular Treatment of Peripheral Arterial Disease**

The actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms to treat at least 80% stenosis of one or more of the following arteries:

- a) Arteries supplying blood to lower limbs or upper limbs;
- b) Renal arteries; or

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- c) Mesenteric arteries.

#### **10. Less Severe Heart Attack**

Death of a portion of the heart muscle, (myocardium) arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all of the following criteria and be consistent with acute myocardial infarction:

- a) A history of chest pain;
- b) New electrocardiographic changes; and
- c) Cardiac troponin T > 0.3 mcg/L to <= 0.6 mcg/L or Troponin I > 1 mcg/L to <= 2 mcg/L.

All other acute coronary syndromes, including, but not limited to, unstable angina, microinfarction and minimal myocardial damage are excluded.

### **III. EXCLUSIONS**

1. COCOLIFE will not pay any Major Health Condition Benefit, or Minor Health Condition Benefit, if the illness the Insured is suffering resulting to the condition being claimed for has occurred within ninety (90) days after the Effective Date of this Policy or the date of its last reinstatement, whichever is later, as evidenced by symptom or as may be established by medical examination.

The Major Health Condition Benefit or Minor Health Condition Benefit shall be payable if the condition for which the Insured has suffered was a result wholly and directly by an accident occurring after the effective date or date of last reinstatement, whichever is later, of this policy.

2. COCOLIFE will not pay any Major Health Condition Benefit, or Minor Health Condition Benefit, if the illness or accidental injury being claimed for arises from an attempted suicide or a self-inflicted act by the Insured regardless of the Insured's mental state.

The policy will not pay any Death Benefit if the death arises from suicide or a self-inflicted act by the Insured within 2 years after the Effective Date or date of last reinstatement, whichever is later, of this policy. However, suicide committed by the Insured in state of insanity shall be compensable regardless of the date of commission. Where suicide is not compensable, the liability of the Company shall be limited to the refund of premiums paid from the time the coverage took effect or the date of last reinstatement, whichever is later, less any Minor Health Condition Benefit paid, and any indebtedness under this Policy.

3. COCOLIFE will not pay any Major Health Condition Benefit or Minor Health Condition Benefit if the claim arises directly or indirectly, in whole or in part, following occurrences of any violation of the law or resistance to arrest by the Insured.

4. COCOLIFE will not pay any Major Health Condition Benefit or Minor Health Condition Benefit if the illness or accidental injury being claimed for arises a result of any of the following:

- a) in the case of accident, while the Insured is under the influence of alcohol or drug;
- b) the illness is a result of addiction or misuse of drugs;
- c) while being a passenger of a driver under the influence of alcohol or drug, except for paying passengers of a public transport vehicle operating in its registered route;
- d) nuclear radiation, or burning nuclear fuels or nuclear weapons material;
- e) biological or chemical contamination;

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- f) radioactive gas;
  - g) war or act of war (whether declared or not); or
  - h) rebellion and terrorism.
5. COCOLIFE will not pay any Major Health Condition Benefit if the illness or accidental injury resulting to the condition being claimed for arises from the following conditions, or any other condition that is viewed within the medical profession as being difficult for a medical practitioner to assess objectively:
- a) chronic back pain without objective neurological deficit confirmed by a medical practitioner specializing in neurology or orthopedics;
  - b) any chronic pain syndrome including all psychosomatic symptoms without an obvious underlining organic cause identifiable by a medical practitioner;
  - c) irritable bowel syndrome or any other somatic symptom disorder; or
  - d) myalgic encephalomyelitis (ME) or chronic fatigue syndrome (CFS).
6. COCOLIFE will not pay any Major Health Condition Benefit for Life Impact Condition if the condition being claimed for arises from the Insured's pregnancy. COCOLIFE will, however, pay if the illness being claimed for is connected to one of the following pregnancy complications that happens more than 12 months after the Effective Date or date of last reinstatement, whichever is later, and is diagnosed by a medical practitioner specializing in obstetrics:
- a) Eclampsia that has resulted in tonic-clonic seizures, pregnancy-related hypertension and proteinuria;
  - b) Placental abruption needing medical intervention;
  - c) Hydatidiform mole;
  - d) Disseminated intravascular coagulation secondary to complications of pregnancy.

Explanation of terms of above complications:

- Disseminated intravascular coagulation – A serious disorder in which the proteins that control blood clotting become overactive.
- Eclampsia – A condition where tonic-clonic seizures appear in a pregnant woman with high blood pressure (hypertension) and proteinuria.
- Hydatidiform mole – A pregnancy complication where there is growth of an abnormal fertilized egg or an overgrowth of tissue from the placenta.
- Placental abruption – A pregnancy complication where the placenta peels away from the inner wall of the uterus before delivery.
- Tonic-clonic seizures – Seizures characterized by muscle stiffening and rhythmical jerking of the body.

7. COCOLIFE will not pay any Major Health Condition Benefit for Life Impact Condition if the condition being claimed for arises from any mental disorder. This includes the following conditions: depression, mood disorders, stress, anxiety, behavioral disorders and psychosomatic diseases.

COCOLIFE will however pay a Major Health Condition Benefit if the illness claimed for is connected to one of the following conditions, if it is diagnosed by a medical practitioner specializing in neurology: Parkinson's disease, Alzheimer's disease and dementia.

8. COCOLIFE will not pay any Major Health Condition Benefit, or any Minor Health Condition Benefit, if the condition being claimed for arises from any congenital condition/s of the Insured.

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9. COCOLIFE will not pay any Major Health Condition Benefit, or any Minor Health Condition Benefit, if the condition being claimed for arises from any pre-existing condition/s of the Insured.

Pre-existing condition means a condition

- i. for which the Insured received medical advice, consultation or treatment, or
- ii. as deemed pre-existing by natural course of disease or by pathology of the disease, or
- iii. whose signs or symptoms are evident, or should have been evident to the Insured, even if the Insured did not seek medical advice, consultation, or treatment for it prior to the Effective Date of the Policy or date of its last reinstatement, whichever is later

10. COCOLIFE will not pay any Major Health Condition Benefit for Life Impact Condition or Major Loss Condition if the accidental injury being claimed for arises from engaging in air travel, except as a fare-paying passenger in a properly licensed commercial aircraft, or participation in any hazardous pursuits or professional sports.

11. COCOLIFE will not pay any Major Health Condition Benefit or Minor Health Condition Benefit if the condition being claimed for arises from a disease or illness which has been declared as a Pandemic by the World Health Organization or by the Department of Health.

A Pandemic means a fast-spreading contagious or infectious disease or illness that has spread to or affects the global population, including without limitation, a mass influenza outbreak or any other illness or health issue that the World Health Organization or Department of Health has labelled a pandemic, with a specific date on which it was declared.

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**CHANGE HISTORY**

07SEP2022      Created by NAG, JBC