

HOSPITALIZATION INCOME BENEFIT RIDER

CONTRACT

We issue this Rider in consideration of your application and your payment to us of its first premium. This Rider, when specified in the Schedule of Benefits and Premiums, is made part of the Policy to which it is attached. All provisions of the Policy will also apply to this Rider, except those which are inconsistent with the provisions of this Rider.

The effective date of this Rider is shown in the Policy Data Page, unless a different date is endorsed in the Policy.

FREE-LOOK PERIOD

This Rider provides a free-look period of fifteen (15) days from the time of the receipt of the rider contract. You agree that your receipt of the rider contract may be established through receipt of the physical copy of the same or receipt of the e-Policy to the email address you have indicated in your application form, regardless of whether you acknowledge receipt of said email.

During the said period, you may cancel this Rider for any reason whatsoever by returning it to us at our office together with your duly signed written notice clearly indicating such intention. Upon receipt of said written notice and this Rider, we will refund the premiums paid for this Rider subject to Company's refund policies and procedure.

Under this period, no refund will be made if a claim has been admitted.

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 in-patients;
- (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 is not primarily a clinic, nursing home or convalescent home or similar establishment, nor, other than incidentally, a place for alcoholics or drug addicts.

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

SICKNESS means a specific illness, disease or disorder impairing the normal physiological function affecting part or all of the human body.

HOSPITAL CONFINEMENT means Medically Necessary admission in a Hospital as an in-patient upon the recommendation of a Physician. The Insured must be under the care of a medical practitioner for the whole period of Confinement (which must be more than twelve (12) continuous hours).

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

- 1) are required for the direct treatment of the Insured's injury or sickness; and
- 2) are appropriate and consistent with the symptoms and findings, and direct treatment of the Insured's injury and 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 Professional Regulation Commission 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.

BENEFITS PROVISION

We will, subject to the limitations and provisions of the Policy and other conditions of this Rider, pay the following benefits upon receipt and approval of due proof that, as a result of injury or sickness, and while this Rider is in force, the Insured is confined in a Hospital as an in-patient as deemed Medically Necessary. Provided further that:

the sickness for which the Insured suffered resulting to the Hospital Confinement has occurred thirty (30) days after the Effective Date of this Rider or the date of its last reinstatement, whichever is later, as evidenced by the symptoms of such illness occurring after this said period, or as may be established by medical examination.

Subject to the Exclusions and Benefit Limitations of this Rider, the 30-day waiting period may not be applied if the Hospital Confinement was a result wholly and directly by an accident occurring after the Effective Date or date of last reinstatement, whichever is later.

1. HOSPITAL INCOME BENEFIT

We will pay a daily income benefit equal to the Daily Hospital Income Benefit as specified in the Policy Data Page for each day of Hospital Confinement starting from the first day of confinement up to a maximum of three hundred sixty-five (365) days for any confinement, provided that the Insured has been confined as an in-patient for at least three (3) days.

This Rider shall provide daily income benefit of up to a maximum of one thousand (1,000) days of total number of days of confinement over all claims during its entire coverage period.

2. ICU CONFINEMENT BENEFIT

An intensive care unit daily benefit, in addition to the Hospital Income Benefit, will be paid if the Insured is confined in an Intensive Care Unit (ICU) in a Hospital, whether due to injury or sickness as deemed Medically Necessary on the recommendation of a Physician. The amount payable under this benefit is equal to the Intensive Care Daily Benefit as specified in the Policy Data Page for each day of confinement in the ICU starting from the first day of confinement up to maximum of one hundred twenty (120) days for any confinement, provided that the insured has been confined in the hospital for at least three (3) days, where the Daily Hospital Income Benefit shall be payable.

This Rider shall provide intensive care unit daily benefit of up to a maximum of three hundred sixty-five (365) days of total number of days of confinement in the ICU over all claims during its entire coverage period.

The aggregate Hospital Confinement period for which the Hospital Income Benefit and/or the ICU Confinement Benefit is payable will not exceed one thousand (1,000) days during the term of this Rider.

BENEFIT LIMITATIONS

Payment of benefit shall be subject to the following limitations:

- a. In case of Repeated Hospital Confinement, we will pay Daily Hospital Income Benefit as specified in the Policy Data Page for each day of Hospital Confinement starting from the first day of confinement up to a maximum of three hundred sixty-five (365), less the total number of days the insured has been previously confined under the Repeated Hospital Confinement, provided that the Insured is confined in a Hospital as an in-patient for at least three (3) days as deemed Medically Necessary for the given condition.

The total number of days of hospital confinement for all hospitalizations for the given condition under the Repeated Hospital Confine shall be added, and the aggregate total hospital confinement shall not exceed the maximum limit of three hundred sixty-five (365) days.

REPEATED HOSPITAL CONFINEMENT means that insured is confined in a hospital as a result of the same or a related condition, and for which the first day of hospitalization of the subsequent hospital confinement of the insured is within thirty (30) days from the last day of the previous hospital confinement that is due to the given condition.

- b. The total number of days of hospital confinement for all hospitalizations during the entire coverage period of this Rider shall be added and the aggregate total hospital confinements shall have a maximum limit of one thousand (1,000) days.

PREMIUMS

Premiums for this Rider are payable in the amount and mode stated in the Schedule of Benefits and Premiums of the Policy Data Page and for the number of years stated therein.

RENEWAL (Not Applicable to Term 65 Variant)

If at the end of the term of this rider, provided that the Insured's age at termination if renewed shall not exceed the age of 70, this Rider may be renewed for the period shown in the Schedule of Benefits and Premiums. Renewal will be effective upon payment of the premium corresponding to the Insured's attained age.

The Company reserves the right to change the schedule of premium rates at any time, but not without prior approval from the Insurance Commission. The Company will advise you by written notice as to the new premium rate prior to the next renewal date.

CASH VALUES

If this Rider has an available Cash Value as set forth in the Table of Cash Values, you may by written request, surrender this Rider for its Cash Surrender Value which is the Cash Value derived from the Table of Cash Values, less any indebtedness to us.

If the Policy to which this Rider is attached is converted under the Paid-Up Option, this Rider automatically terminates and the Cash Surrender Value of this Rider, if available, shall be paid to you. However, you may by written request, apply the Cash Surrender Value under this Rider to the Paid-Up plan of the Policy.

If the Policy to which this Rider is attached lapses or is surrendered for cash, this Rider automatically terminates and the Cash Surrender Value of this Rider, if available, shall be paid to you.

LOAN

No loan, including Premium Loan, is available under this Rider.

EXCLUSIONS

No benefit shall be payable if the claim for any benefit under this Rider results from or is caused directly or indirectly, wholly or partly, by the following conditions:

1. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit if the illness the Insured is suffering resulting to the confinement being claimed for has occurred within thirty (30) days after the Effective Date of this Rider or the date of its last reinstatement, whichever is later, as evidenced by symptom or as may be established by medical examination.

The Hospital Confinement Benefit or the ICU Confinement 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 rider.

2. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement 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.
3. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement 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 Hospital Confinement Benefit or ICU Confinement 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;
 - f) radioactive gas;
 - g) war or act of war (whether declared or not);
 - h) rebellion and terrorism;
 - i) confinements as a result of murder or assault provoked by the Insured.
5. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit if the condition being claimed for arises from the Insured's pregnancy, childbirth, abortion, or miscarriage, or complications thereof.
6. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit if the condition being claimed for arises from nervous or mental diseases or disorders.
7. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit if the condition being claimed for arises from any congenital condition/s of the Insured.
8. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit, if the claim arises from any pre-existing condition/s of the Insured for which the condition existed within two (2) years prior to the Effective Date of this Rider or date of its last reinstatement, whichever is later, and such confinement being claimed for has occurred within one (1) year after the Effective Date of this Policy or the date of its last reinstatement, whichever is later.

Any pre-existing condition that had existed beyond two (2) years prior to the Effective Date of the Policy or date of its last reinstatement but is no longer existing within this two (2) year period prior to the said date, may not be used as ground to deny such claim arising from this condition.

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.
9. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit 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 from participation in any hazardous pursuits or professional sports.
 10. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit arising from the existence of Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or the presence of any Human Immunodeficiency Virus (HIV) infection.

11. COCOLIFE will not pay any Hospital Confinement Benefit or ICU Confinement Benefit if the confinement being claimed for has occurred in a hospital outside of the Philippines.

NOTICE OF CLAIM

Written notice of claim must be received at any of our offices within thirty (30) days from the date of knowledge of the occurrence of any sickness or injury resulting to hospital confinement or ICU confinement. Failure to give notice within such time will not invalidate nor reduce the claim if it can be shown that it was not reasonably possible to give such notice within the required time.

PROOF OF CLAIM

Written proof of the Hospital Confinement herein referred to must be submitted to the Company at its office and on the Company's form within ninety (90) days after the date of discharge from the Hospital Confinement for which the claim is made. Failure to submit written proof within such time will not invalidate nor reduce any claim if it can be shown that it was not reasonably possible to do so.

The Company, at its own expense, shall have the right and opportunity to examine the Insured when and as often as the Company may reasonably require while the claim is pending hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

EFFECT OF PAYMENT OF BENEFIT

The payment of Benefits under this Rider shall not affect the coverage or benefits under the basic plan and other riders, if any.

LIMITATION OF ACTION

No legal action on this Rider may be filed after five (5) years from the time the cause of action accrues.

TERMINATION

This Rider will automatically terminate on the earliest of the following events:

- a. when any premium on this Rider is not paid within the grace period;
- b. when the Policy to which this Rider is attached lapses, is surrendered, is converted under its non-forfeiture provision or otherwise ended;
- c. on the Policy Anniversary nearest the Insured's seventieth (70th) / sixty-fifth (65th) birthday;
- d. at the end of the term of this Rider as stated in the Schedule of Benefits and Premiums of the Policy Data Page unless renewed in accordance with Renewal provision;
- e. on any premium due date of the Policy provided we receive your written request for termination within sixty (60) days of such date accompanied by the Policy for endorsement;
- f. on the date that this Rider is surrendered for its Cash Surrender Value;
- g. when the aggregate Hospital Confinement period for which Hospital Income Benefit and/or the ICU Confinement Benefit reaches One thousand (1,000) days;
- h. upon the Insured's death.

Termination of this Rider shall be without prejudice to any claim arising prior to such termination. Premiums accepted after the termination of this Rider, or those which cannot be used because of the termination of this Rider, shall be refunded to you, and shall not obligate us to pay any benefits.

NON-PARTICIPATION

This Rider is non-participating and does not share in the divisible surplus of the Company.

CANCELLATION CLAUSE

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

- a) conviction of a crime arising out of acts increasing the hazard Insured against;
- b) discovery of fraud or material misrepresentation;
- c) discovery of willful or reckless acts or omissions increasing the hazard Insured against;
- d) a determination by the Commissioner that the continuation of the Rider would violate or would place the Company in violation of the Insurance Code.

All notices of cancellation shall be in writing, mailed or delivered to you at the address shown in the Policy, or Application, and shall state (a) which of the grounds set forth in this provision is relied upon and (b) that, upon your written request, we will furnish the facts on which the cancellation is based. Mere sending of the written notice via mail delivery at your address as shown in the policy or application shall be sufficient compliance of this provision on the part of the Company and the fact that there was no actual receipt of said notice by you, or returned unclaimed, no person was found on the address given, or that the address was fictitious or cannot be found, will not relieve you of the effects of such notice.