PRODUCT BULLETIN
CRITICAL ILLNESS BENEFIT RIDER FOR VARIABLE LIFE

1. RIDER FEATURES

Critical Illness Benefit Rider is a regular-pay term product which provides for the payment of the rider face amount in the event that the Insured is diagnosed with a covered critical illness before age 65 and survives for at least thirty (30) days from the date of initial diagnosis. This is an additional cover, where payment of the rider benefit shall not reduce the coverage under the basic plan.

This Rider may not be attached to variable life dollar pay policies and may be attached to selected variable life policies as detailed below.

ISSUE AGES	20 to 60
COVERAGE	until Age 65
BASIC PLANS TO WHICH THE RIDER CAN BE ATTACHED	Money Accumulator Classic (MAC) Money Accumulator Preferred (MAP) Money Accumulator Preferred Plus (MAP Plus) Fusion

Aside from the Critical Illness Benefit Rider supplementary contract, the Endorsement Applicable to Riders Attached to Variable Life Plans document shall be attached to the policy's contract.

1.1 LIST OF COVERED CRITICAL ILLNESSES

The following critical illnesses are covered under this Rider (please see Annex A for the definitions):

1. Heart Attack
2. Stroke
3. Cancer
4. Major Organ Transplant
5. Renal Failure
6. Multiple Sclerosis
7. Motor Neurone Disease
8. Heart Valve Surgery
9. Coronary Artery Bypass Surgery
10. Parkinson's Disease
11. Muscular Dystrophy
12. Poliomyelitis
13. Aortal Surgery
14. Bacterial Meningitis
15. Benign Brain Tumor
16. Aplastic Anemia
17. Blindness
18. End Stage Lung Disease
19. End Stage Liver Failure
20. Coma
21. Deafness
22. Loss of Speech
23. Major Burns
24. Paralysis
25. Alzheimer's Disease
26. Fulminant Hepatitis
27. Primary Pulmonary Arterial Hypertension
28. Terminal Illness
29. Encephalitis
30. Major Head Trauma
31. Apallic Syndrome
32. Progressive Scleroderma
33. Systemic Lupus Erythematosus with Lupus Nephritis
34. Brain Surgery
35. Medullary Cystic Disease
36. HIV Due to Blood Transfusion and Occupationally Acquired HIV

1.2 OTHER FEATURES

1.2.1 ENABLING CIRCUMSTANCES FOR BENEFIT AVAILMENT

The Insured will be paid the Critical Illness Benefit upon receipt of satisfactory proof that:

a. he/she is diagnosed with a covered critical illness and survives for at least thirty (30) days from the date of initial diagnosis;

b. that such critical illness must first manifest itself at least ninety (90) days after the effective date of the Rider or the date of its last reinstatement, if any, whichever is later; and

c. that such diagnosis occurred before the policy anniversary nearest the Insured's 65th birthday while covered under the Rider.

1.2.2 EXCLUSIONS

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 specified waiting period 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; or
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;
f. injury or illness incurred as a result of or while participating in the commission of a crime or any illegal activity;
g. taking part in any kind of driving or riding in any kind of race, professional sports or hazardous sports, underwater activities involving the use of breathing apparatus, 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 and defined as a covered critical illness in the contract.

1.2.3 EFFECT OF PAYMENT OF BENEFITS TO THE BASE PLAN

Payment of the Critical Illness Benefit shall not affect the coverage or benefits under the basic plan and other riders.

2. PREMIUMS

2.1 PREMIUM RATES

2.1.1 Premium Rates

Premium rates are un-banded and sex-distinct. Issue ages are based on the insured's age nearest birthday.

Please refer to Annex A for the Schedule of the Premium Rates per 1000 of the Rider face amount.

2.1.2 Renewal Premiums

The premium for this Rider changes every five (5) years based on the attained age of the Insured and the schedule of premium rates then in effect. The premium is payable up to age sixty-five (65).

Renewal premium rates are also available for ages 61 to 64.

The Rider can only be kept in force up to attained age 65 or until the base plan's termination date, whichever is earlier.

The Company may change the schedule of premium rates subject to the approval of the Insurance Commission.

2.2 MODAL FACTORS

The usual modal factor scale shown below shall apply:

Annual	1.0000
Semi-Annual	0.5300
Quarterly	0.2750

2.3 POLICY FEE

No policy fee shall be collected for this Rider.

2.4 RIDER CHARGE

Starting on this rider's effective date, the company shall impose a **Rider Charge** on this rider. The Rider Charge is in lieu of the Premium Charge and Insurance Charge for this rider stated in the Premium and Charges Provision of the basic Variable Life policy contract.

The Rider Charge is equal to 100% of the rider premium. The Rider Charge is due on the date the Rider Premium is due.

The Rider Charge shall be deducted before allocation of premiums to the chosen investment funds upon receipt of premiums.

If the Regular Premium is unpaid for 31 days after the due date, any outstanding Rider Charge will be deducted from the Account Value by deducting it proportionately from the Guaranteed Fund and the Unitized Variable Funds according to the latest fund allocation instruction.

After the basic plan's paying period, the Rider Charge due will be deducted from the Account Value by deducting it proportionately from the Guaranteed Fund and the Unitized Variable Funds according to the latest fund allocation instruction.

Any overdue Rider Charges will be deducted from the Death Proceeds and other benefits payable under the Policy.

The Rider will terminate if the Rider Charge is not paid within the grace period or if the Rider charge can no longer be covered by the Account Value.

Any Rider Charges paid under the Policy shall be included in the amount to be refunded or paid under the following conditions:

a) when the Policy is cancelled in accordance with the Cooling Off Period provision; or
b) when suicide is not compensable in accordance with the Suicide provision; or
c) when the Insured is not eligible for coverage in accordance with the Misstatement of Age provision.

The Rider Charge may be changed by the Company subject to the approval of the Insurance Commission.

3. NON-FORFEITURE VALUES

3.1 CASH VALUE OPTION

This Rider may be surrendered for its Cash Surrender Value which is the Cash Value derived from the Table of Cash Values. Cash values are available starting at the end of the third policy year. The appropriate cash values can be read off from the table, and depend on:

a. the rider option
b. the sex of the Insured
c. the issue age of the Insured
d. the policy year in which the cash value will be availed.

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

3.2 POLICY LOANS

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

4. COMMISSIONS AND OVERWRITES

4.1 The commission rates shall follow the commission rates of the base plan.

4.2 The existing USD and ASD management fee schemes applicable to the base plan shall apply.

4.3 The existing rules on production credits for compensation and validation of contests and drives applicable to the base plan will apply to this Rider.

5. UNDERWRITING RULES

5.1 AMOUNTS ALLOWED

The amount of the Critical Illness Benefit Rider shall be subject to the minimum and maximum amounts for a single policy of P100,000 and P2,000,000 respectively, but not more than the face amount of the base plan.

The rider face amount shall also be subject to a maximum limit of P2,000,000 per life for all critical illness and/or dread disease benefits under Cocolife, and maximum limit of P15,000,000 per life under all critical illness and/or dread disease coverage with Cocolife and with other companies (as disclosed in the application or determined by other means).

5.2 ISSUE AGE LIMITS

Critical Illness Benefit Rider for Variable Life is available for issue ages 20 to 60 years only.

5.3 UNDERWRITING SELECTION

All applicants shall be underwritten on an individual basis. The standard underwriting procedures shall be followed. In addition, the following guidelines shall be enforced for Critical Illness Benefit applications:

a. A duly accomplished Supplementary Questionnaire for Critical Illness Benefit Application shall be required.

b. 100% of the Critical Illness benefit face amount, including existing Critical Illness or Dread Disease benefits, shall be included in the aggregate coverage for underwriting consideration (such as when referring to the table of Underwriting Requirements and to the Schedule of Non-Medical Limits).

c. Additional requirements deemed necessary by the Underwriting Department in order to assess the critical illness risk must be submitted.

Underwriting Department may set additional guidelines and requirements for this product.

5.4 SUBSTANDARD ISSUES

Substandard ratings for this Rider may be assessed or the application for the Rider may be declined, as the case may be. The maximum substandard rating allowed for this rider is x2.

Critical illness benefit rider may be issued for substandard life risks on a case to case basis.

5.5 EXCLUDED OCCUPATIONS

(1) acrobats; (2) stuntmen; (3) military personnel (members of the armed forces); (4) asylum attendants; (5) automobile racing driver; (6) secret service personnel; (7) aviators; (8) boilermen; (9) detectives; (10) divers; (11) explosive makers, handlers and custodians; (12) ship's crew, sailors, deckhands and seamen; (13) steeplejacks; (14) underground workers; (15) miners; (16) window cleaners; (17) woodworking and metal working machinist; (18) loggers; (19) policemen; (20) security guards; (21) professional athletes; (22) sawmill workers; (23) cablemen and linemen; (24) structural steel workers.

DEFINITIONS OF COVERED CRITICAL ILLNESSES

1. ***Heart Attack*** – 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 criteria:
    - a history of typical chest pain or symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction
    - recent electrocardiographic changes indicative of myocardial infarction
    - 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 and embolization from an extracranial 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 with invasion and destruction of normal tissue.

    The cancer must be confirmed by histological evidence of malignancy by a qualified pathologist.

    The following are excluded:
    - "Carcinoma in situ", cervical dysplasia, CIN-1, CIN-2 and CIN-3, and all pre-malignant conditions or non-invasive cancers
    - Early prostate cancer TNM classification T1 (including T1a and T1b) or equivalent classification
    - Melanomas of the skin of less than 1.5mm Breslow thickness, or less than Clark Level 3
    - Hyperkeratoses, basal cell and squamous cell skin cancers
    - Papillary micro-carcinoma of the Thyroid or Bladder, Chronic Lymphocytic Leukaemia less than RAI stage 3
    - Stage 1 Hodgkin's disease
    - All tumors in the presence of Human Immunodeficiency Virus (HIV) infection

4. ***Major Organ Transplant*** – the actual undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally accepted medical procedures. Other stem cell transplants are excluded.

5. ***Renal Failure*** – the end stage renal disease, due to whatever cause or causes, that persists for a period of at least 90 days, with the Insured undergoing regular peritoneal dialysis or hemodialysis or having had renal transplantation.

6. ***Multiple Sclerosis*** – the unequivocal diagnosis by a registered consultant neurologist confirming more than one episode of well-defined neurological deficit, with persisting signs of involvement of the optic nerves, brain stem and spinal cord together with impairment of coordination and motor and

sensory functions, with the Insured not necessarily confined to a wheelchair, and with symptoms persisting for at least a continuous period of six (6) months.

The diagnosis must be confirmed by modern diagnostic techniques such as image scanning.

7. ***Motor Neurone Disease*** – a disease of the nervous system characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. The condition must be confirmed by a registered consultant neurologist as progressive and resulting in irreversible damage to the nervous system.

8. ***Heart Valve Surgery*** – the undergoing of open-heart surgery to correct valvular abnormalities. Repair via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.

9. ***Coronary Artery Bypass Surgery*** – the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting angina symptoms, but excluding non-surgical techniques such as balloon angioplasty, other intra-arterial, keyhole or laser relief of an obstruction.

10. ***Parkinson's Disease*** – a slow and progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurons of the brain. The unequivocal diagnosis of Parkinson's Disease must be made by a registered consultant neurologist where the condition:
    - cannot be controlled with medication;
    - shows signs of progressive impairment; and
    - renders the Insured unable to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair.

    Only idiopathic Parkinson's Disease is covered. Parkinson's Disease secondary to drug abuse, other forms Parkinsonism and other Parkinsonian syndromes are excluded.

11. ***Muscular Dystrophy*** – a hereditary muscular dystrophy resulting in the inability to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair.

    The diagnosis of muscular dystrophy shall require a confirmation by a registered consultant neurologist of the combination of 3 out of 4 of the following conditions:
    - family history of other affected individuals
    - clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
    - characteristic electromyogram
    - clinical suspicion confirmed by muscle biopsy

12. ***Poliomyelitis*** – the unequivocal diagnosis by a registered consultant neurologist of infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for benefit. Other cases of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

13. ***Aortal Surgery*** – the undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not their branches.

14. ***Bacterial Meningitis*** – a bacterial infection causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three of the following – bathing, dressing, using

the lavatory, eating, moving in or out of a bed or chair. There must be an unequivocal diagnosis by a registered consultant neurologist.

15. ***Benign Brain Tumor*** – a life-threatening, non-cancerous tumor in the brain which either requires surgical excision or causes significant permanent neurological deficit with persisting clinical symptoms. The presence of the underlying tumor must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, hematomas and tumors in the pituitary gland or spinal cord are excluded.

16. ***Aplastic Anemia*** – chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:
    - absolute neutrophil count of less than 500/mm^3
    - platelets count less than 20,000/mm^3
    - reticulocyte count of less than 20,000/mm^3

    The Insured must be receiving treatment for more than three (3) consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents, or the Insured has received bone marrow transplant.

    Temporary or reversible aplastic anemia is excluded and not covered under this Rider.

17. ***Blindness*** – total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.

18. ***End Stage Lung Disease*** – end stage lung disease, including chronic interstitial lung disease, causing chronic respiratory failure, as evidenced by all of the following:
    - FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
    - requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
    - arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 < 55mmHg$); and
    - dyspnea at rest.

    The diagnosis must be confirmed by a respiratory physician.

19. ***End Stage Liver Failure*** – permanent and irreversible failure of liver function that has resulted in all of the following:
    - permanent jaundice; and
    - ascites; and
    - hepatic encephalopathy; and
    - portal hypertension.

    Liver failure secondary to drug or alcohol abuse is excluded.

20. ***Coma*** – state of unconsciousness with no reaction to external stimuli or internal needs. The coma must persist for at least 96 hours and require intubation and mechanical ventilation to sustain life. There must also be functional neurological impairment persisting for a continuous period of at least 30 days after the onset of coma, which in the opinion of the Company is of a permanent nature.

    Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

21. ***Deafness*** – total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.

22. ***Loss of Speech*** – total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech center of the brain caused by injury, tumor or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously. All psychiatric causes of loss of speech are excluded.

23. ***Major Burns*** – third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

24. ***Paralysis*** – total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A specialist must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

    Paralysis due to self-harm, partial paralysis, temporary post-viral paralysis, or paralysis due to psychological causes are all excluded.

25. ***Alzheimer's Disease*** – progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured. There must also be an inability to perform (whether aided or unaided) at least three of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair – for a continuous period of at least 6 months.

    Psychiatric illnesses and drug or alcohol related brain damage are excluded. Coverage for this impairment will cease at age sixty (60) or on the termination date of this Rider, whichever is earlier.

26. ***Fulminant Hepatitis*** – a sub-massive to massive necrosis of the liver caused by the hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:
    - a rapidly decreasing liver size;
    - necrosis involving entire lobules, leaving only a collapsed reticular framework;
    - rapid deterioration of liver function tests; and
    - deepening jaundice.

    Evidence of the following must be produced:
    - liver function test to show massive parenchymal liver disease; and
    - objective signs of portosystemic encephalopathy.

27. ***Primary Pulmonary Arterial Hypertension*** – a primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure, confirmed by investigations including cardiac catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of Cardiac Impairment.

    The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac catheterization. The diagnosis must be supported by all of the following criteria:
    - Mean pulmonary artery pressure > 40 mmHg;

- Pulmonary vascular resistance > 3 mmHg/L/min; and
- Normal pulmonary wedge pressure < 15 mmHg

and resulting in the Insured being unable to perform his/her usual occupation.

28. ***Terminal Illness*** – a definite diagnosis of an advanced or rapidly progressing incurable disease where, in the opinion of the attending consultant and our medical officer, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

29. ***Encephalitis*** – severe inflammation of brain substance, which results in significant and permanent neurological deficit persisting for at least 6 consecutive months as certified by a registered consultant neurologist. The permanent deficit must result in an inability to perform at least three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair. Encephalitis as a result of HIV infection is excluded.

30. ***Major Head Trauma*** – major trauma to the head causing significant permanent functional impairment of the brain as confirmed by definite diagnosis by a consultant neurologist. The resultant permanent functional impairment must lead to a permanent bedridden situation or the inability to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair. These illnesses have to be medically documented for at least 3 months.

31. ***Apallic Syndrome*** – a clinical state of dependency determined by the assessment of physical, intellectual and communicatory disability. It may result from cerebral trauma, prolonged periods of anoxia, severe encephalitis or certain neurotoxins. The affected individual is incapable of voluntary or purposeful acts and only responds reflexively to painful stimuli. The Insured requires life-supporting machines to maintain life in a hospital. A claim shall only be admitted after 6 months of being in a vegetative state and must be supported by medical evidence certified by a specialist in neurology.

32. ***Progressive Scleroderma*** – a systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. A rheumatologist must make the unequivocal diagnosis of progressive systemic sclerosis. This diagnosis must be supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. Localized scleroderma (linear scleroderma or morphea), eosinophilic fasciitis and CREST syndrome are excluded.

33. ***Systemic Lupus Erythematosus with Lupus Nephritis*** – the unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of renal impairment with renal involvement defined as either glomerular filtration rate equal or lower than 30 ml/min/1.73m^2 or persistent proteinuria greater than 0.5 grams per day. Discoid lupus and medication-induced lupus are excluded.

34. ***Brain Surgery*** – the actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days and resulting in a permanent inability to perform three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair – either with or without the use of mechanical equipment, special devices, or other aids and adaptations in use for disabled persons. Burr Hole and brain surgery as a result of an accident is excluded.

35. ***Medullary Cystic Disease*** – a renal disorder characterized by multiple cysts in the kidney that damage the tubules causing an inability to concentrate urine. A certified nephrologist must make the definite diagnosis of severe medullary cystic kidney disease as verified on imaging showing multiple

kidney cysts. There must be biochemical evidence of progressive renal insufficiency with a measured creatinine clearance showing a glomerular filtration rate of less than 25 ml/min or the Insured is being treated with permanent renal dialysis.

36. ***HIV Due to Blood Transfusion and Occupationally Acquired HIV*** – infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired in the Philippines as a result of medically necessary blood transfusion on the Insured or occupationally acquired by the Insured.

For HIV due to blood transfusion, payment will be made if all of the following conditions are met:

- the infection is due to a medically necessary blood transfusion received in the Philippines after the effective date of this Rider or the date of its last reinstatement, if any, whichever is later;
- the institution which provided the transfusion admits liability for the HIV infection; and
- the Insured does not suffer from Thalassaemia major or hemophilia.
- the Insured is not a member of any high risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.

For occupationally acquired HIV, payment will be made if all of the following conditions are met:

- the infection occurred during the execution of the Insured's normal professional duties as a registered medical or dental practitioner;
- the occupational accident causing the infection must have occurred after the effective date of this Rider or the date of its last reinstatement, if any, whichever is later;
- the incident causing a potential claim must have been reported to the relevant authority or employer within 24 hours and to the Company within 14 days of the incident;
- a blood test showing no HIV or HIV antibodies must be carried out within 5 days of the incident and this must be followed up by another test within 180 days of the incident, indicating seroconversion and presence of infection by HIV or AIDS; and
- the Insured must have been compliant with clinically accepted post-exposure prophylactic therapy and must have received the recommended HIV vaccine, if any is available.

Age Upon Issue or Renewal	Term to Age 65 CI Rider		Age Upon Issue or Renewal	Term to Age 65 CI Rider	
	Male	Female		Male	Female
20	11.82	10.94	43	21.35	17.50
21	12.02	11.10	44	22.18	17.97
22	12.21	11.26	45	23.01	18.45
23	12.41	11.43	46	24.13	19.03
24	12.60	11.59	47	25.25	19.61
25	12.80	11.75	48	26.36	20.18
26	13.07	11.97	49	27.48	20.76
27	13.33	12.19	50	28.60	21.34
28	13.60	12.41	51	30.12	22.03
29	13.86	12.63	52	31.64	22.72
30	14.13	12.85	53	33.15	23.40
31	14.51	13.13	54	34.67	24.09
32	14.89	13.42	55	36.19	24.78
33	15.27	13.70	56	40.33	26.90
34	15.65	13.99	57	44.47	29.02
35	16.03	14.27	58	48.60	31.13
36	16.60	14.63	59	52.74	33.25
37	17.16	14.99	60	56.88	35.37
38	17.73	15.35	61	61.28	38.16
39	18.29	15.71	62	65.69	40.96
40	18.86	16.07	63	70.09	43.75
41	19.69	16.55	64	74.49	46.54
42	20.52	17.02			

- Premiums for ages 61 to 64 are for renewals only.

Revision History

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