



## PERSONAL ACCIDENT INSURANCE for

### IGRAB

#### ***(Accidental Death and Disablement with Burial Benefit and Medical Expense Reimbursement)***

**Effective date:** On the first day of the month following the selling period.

#### **Part I- Accidental Death.**

The Company will pay the percentage of the Sum Assured less any amount paid under Part II-Accidental Disablement, if a member dies due to injury within one hundred eighty (180) days after the date of accident.

#### **Part II- Accidental Disablement or Loss of Use**

The Company will pay the percentage of the Sum Assured according to the Benefit Schedule if the Insured as a result of injury, incurs any of the losses listed in the Benefit Schedule, within one hundred eighty (180) days after the date of accident

#### **Part III- Burial Benefit *(due to natural cause)***

The Company shall pay the amount of insurance in force on the insured member at the time of his death, as determined in accordance with the Schedule of Insurance, upon receipt and approval of its Home Office of due proof of the insured's death occurring while his coverage under this Rider is in force.

#### **Part IV- Medical Expense *(due to accident)***

If on account of such injuries the Insured shall require treatment by a legally qualified physician or surgeon, confinement in a legally constituted hospital, employment of a trained nurse, x-ray examination or the use of an ambulance, the Company will pay the actual expenses incurred therefore within 52 weeks from the date of the accident but not more than the maximum amount specified in the Amount of Insurance.

## **DEFINITIONS**

**INSURED-** shall mean the individual (insurance enrollee).

**INJURY-** as used in the Policy means accidental bodily injury occurring while the Policy is in force resulting in loss covered by the policy.

**LOSS-** as used in the policy shall mean total and permanent loss of use of a body part. Loss of use shall be treated as loss of body part. The loss of the first joint of the thumb or any other finger or any toe shall be considered as equal to the loss of one half of the thumb or finger or toe and shall be one half of the benefit specified in the Benefit Schedule for the loss of the thumb or finger or toe. The loss of more than one phalanx of the thumb or of any other finger or of any toes shall be treated as loss of the entire thumb or finger or toe.

**BENEFIT SCHEDULE**

**SCHEDULE OF LOSSES**

Description	Percentage of Amount of Insurance
Loss of life	100 %
Loss of two limbs	100 %
Loss of both hands, or all fingers and both thumbs	100 %
Loss of both feet	100 %
Total loss of sight of both eyes	100 %
Injuries resulting in being permanently bedridden	100 %
Any other injury causing permanent total disablement	100 %
Loss of arm at or above elbow	70 %
Loss of arm between elbow and wrist	60 %
Loss of hand	50 %
Loss of four fingers and thumb of one hand	50 %
Loss of four fingers	35 %
Loss of thumb	15 %
Loss of index finger	10 %
Loss of middle finger	6 %
Loss of ring finger	5 %
Loss of little finger	4 %
Loss of metacarpals -	
1st and 2nd (add'l)	3 %
3rd, 4th or 5th (add'l)	2 %
Loss of leg at or above the knee	60 %
Loss of leg below the knee	50 %
Loss of one foot	50 %
Loss of toes-all of one foot	25 %
Loss of big toe	5 %
Loss of any toe other than big toe, each	1 %
Loss of sight of one eye	50 %
Loss of hearing - both ears	50 %
Loss of hearing - one ear	25 %

**EXCLUSIONS**

No payment shall be made under these Benefit Provisions for any loss resulting from or caused directly or wholly, by:

1. bodily or mental infirmity, hernia, ptomaines, or bacterial infection (except pyogenic infection which shall occur with and through an accidental cut or wound) or disease or sickness of any kind; or
2. poison, gas or fumes (voluntarily or involuntarily taken), atomic explosions, nuclear fission, or radioactive gas; or
3. accident occurring while or because the group-member is affected by alcohol or any drug; or

4. self-destruction or any attempt threat while sane or insane; or
5. participation in any brawl; or
6. war, declared or undeclared, strike, riot, civil war, revolution or any war-like operations, or while under orders for war-like operations or restoration of public order; or
7. any injury suffered where there is no visible external wound, except drowning or internal injury revealed by autopsy; or
8. any violation or attempt of violation of the law or resistance to arrest; or
9. provoked assault; or
10. pregnancy, childbirth, miscarriage or abortion or any complications of pregnancy or childbirth; or
11. congenital anomalies or conditions arising there from; or
12. entering, operating, or servicing, ascending from or with any aerial or marine device or conveyance except while traveling as a passenger in an aircraft or marine transportation operated by a commercial passenger airline or shipping line on a scheduled air or sea service over an established passenger route; or
13. any injury suffered while engaging in the following activities, aqualung diving, boxing, climbing, flying, except air travel, football, hang-gliding, hunting, ice hockey, motor competitions, motor cycling, in any form, parachuting, hurling, polo, pot-holing, power boating, racing, show jumping, skydiving, use of woodworking machinery, water-ski-jumping and tricks, winter sports, wrestling, yachting beyond five kilometers of a coastline; or
14. individuals while engaged in any duty directly or indirectly pertaining to the following occupations: acrobats, stuntmen, army personnel (members of the Armed Forces), asylum attendants, automobile racing driver, secret service personnel, aviators, boiler men, customs personnel, detectives, divers, explosive makers, handlers and custodians, ship's crew, sailors, deckhands and seamen, steeple jacks, underground workers, miners, window cleaners, woodworking and metalworking machinist, loggers, policemen, security guards, professional athletes, professional entertainers and musicians, sawmill workers, cablemen and linemen, structural steel workers, permanently disabled proposers; or
15. Overseas Filipino Workers (OFW) and Barangay Tanods; or
16. Injury or death by any member assigned within COCOLIFE's declinable areas.

## **OTHER CONDITIONS**

Benefits payable upon the death of the insured shall be paid to the designated Beneficiary. All other benefits shall be paid to the insured.

The confirmation is furnished in accordance with and subject to the terms of the group policy. The insurance is effective only if the insured is eligible for insurance and becomes and remains insured in accordance with the provisions, terms and conditions of the Policy. The insured shall have the right to examine the Policy on file with the Company upon presentation of proof of coverage, which policy shall govern in the interpretation of the confirmation.

The insurance shall be for one year commencing on the Effective Date. For inquiries, you may call the Group Marketing Division of COCOLIFE at Tel. Nos.: (02) 812-9053 / sun– 0922-8650592 / globe– 0917-5831769.

If due to misstatement of age, misrepresentation, concealment or any other reason, the confirmation is issued to any insured or insured's who are otherwise disqualified for insurance coverage under the Policy, the Company's liability shall be limited to a return of premiums, if any.

## **BENEFICIARY**

A member shall designate his beneficiary upon becoming insured hereunder, and may at any time thereafter, designate a new beneficiary by filing through the Policyholder a properly completed written request on a form satisfactory to the Company. The designation of the beneficiary and amendment in the designation of beneficiary shall take effect only when recorded in writing by the Company at its Home Office but without prejudice to the Company on account of any payment made before receipt of such notice.

The indemnity for loss of life of a member shall be payable to his designated beneficiary, if surviving such member, or if there be no beneficiary designated or surviving at the death of such member, the first surviving class of the following classes of successive preference beneficiaries:

The deceased member's:

1. widow or widower;
2. surviving children born to or legally adopted by the member;
3. surviving parents;
4. surviving brothers and sisters;
5. executors and administrators.

An affidavit, signed by any individual belonging to the first surviving class of successive preference beneficiaries described in items, 1, 2, 3, or 4 above, stating the names and addresses of the persons belonging to such class, shall be sufficient proof to the Company that the person or persons so named therein are the sole survivors of such class. Payment by the Company based upon such an affidavit shall be full acquittance hereunder.

All other indemnities under the Policy shall be payable to the member.