

LIFE SAVINGS PLAN (LSP) ENROLLMENT FORM

SHARE CAPITAL INSURANCE



Benefits	Amount of Insurance (Maximum of 300,000.00)
Life Insurance	Equal to the INSURED AMOUNT (subject to insuring provisions)
Hospital Income Benefit (Maximum of 30 days)	Php 300.00/day (Coverage starts on the 4 th day of Confinement)

INSURING PROVISIONS

- Maximum Deposit/Share Capital to be covered is Php300,000.00
- Eligibility age requirement is 18 to 59 years old
- Members covered by this plan will be subject to ex-gratia settlement if death due to pre-existing condition occurs within one year from effective date of coverage
- In the event of DEATH of the member covered by this plan, his/her surviving heirs will be entitled to the following CLAIM BENEFIT
- Death due to suicide will not be compensable if it occurs within one (1) year from the effectivity date of insurance re-instatement
- Depositor is covered under Hospital Income Benefit up to 65th birthday

AGE AT DEATH	SCHEDULE OF BENEFIT (Based on Insured Amount)
18 to 65 years old	100%
66 to 69 years old	75%
70 to 79 years old	50%
80 and above	25%

EXCLUSIONS

The Benefit shall not apply if the Insured Person's Hospital Confinement shall result, either directly or indirectly, from any one of the following causes:

- During the first 12 months of coverage, no benefit will be granted for hospital confinement resulting from injury or sickness which was evident or for which medical advice or treatment was given the insured within three (3) months prior to the effective date of this Policy.
- Hospital confinement and charges caused by self-inflicted injuries; nervous or mental disease or disorder; pregnancy, childbirth, miscarriage, abortion or any complications of any of these; congenital deformities and defects; drug addiction; continued excessive or compulsive use of alcoholic drinks; declared or undeclared war or civil strife; routine physical check-up and rest cures
- Cosmetic surgery for beautification purposes, or plastic surgery for any condition existing on the effective date of the insurance, except for the repair or alleviation of damage caused solely by accidental bodily injuries.
- Hospital confinement or charges incurred for the treatment of Acquired Immune Deficiency Syndrome (AIDS) nor charges for the examination, immunization and detection of human immune deficiency virus and other related viruses., Hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection
- Riot, civil commotion, war, invasion, act of foreign enemy action or military usurped power. Military or police operations against domestic rebellious groups; Kidnapping for ransom groups. Military personnel activities is covered provided it is in line with duty;

- Ionizing radiations or contamination by radioactivity from nuclear waste from process of nuclear fission, or from any nuclear weapons material
- The use or acquisition of special braces or prosthetic appliances such as artificial limbs, hearing aids and others but payable under Major Medical Benefits.
- Any dental treatment or surgery, except dental operation to repair injury sustained in an accident.
- Treatments of any mental and nervous disorder such as psychosis, schizophrenia and others; any treatment arising from alcohol or drug addiction.
- Any confinement for physical check-up or diagnostic purposes; treatment or surgical operations for congenital deformities such as harelip, clubfoot, cerebral palsy and others, for physical therapy; or for recuperative purposes such as confinement in a sanitarium or convalescent home.
- Non-surgical care of tuberculosis and venereal diseases; or for treatment of communicable diseases such as small pox, cholera, bubonic plague, etc., Acquired Immune Deficiency Syndrome (AIDS) and other forms of complications attributed thereto.
- Hospital services not in accordance with the diagnosis and treatment of the conditions for which hospital confinement is required.

AMOUNT OF PREMIUM

ANNUAL PREMIUM = AMOUNT OF SHARE CAPITAL INSURED X 1%

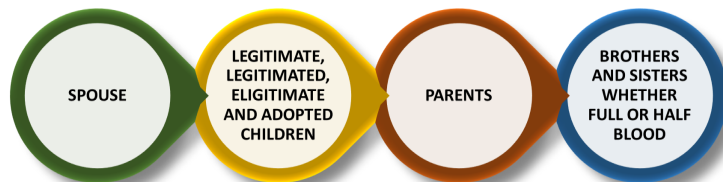
Sample Computation: 20,000.00 (Share Capital) x 1% = 200.00

Annual Premium: Php 200.00

Amount Covered: Php 20,000.00

PAYMENT OF INSURANCE PROCEEDS

- The Insurance Proceeds will be paid to qualified beneficiary/ies,
- If with no declared beneficiary/ies, the qualified beneficiary upon submission of the necessary claim documents, are in the following hierarchy;



PARTICIPATION REQUIREMENT

- Automatic enrolment for members with Share Capital of Php 1,000.00 to 50,000.00
- Voluntary enrolment for members with Share Capital above Php 50,000.00
- All eligible existing and incoming members are required to par-

MEMBER DETAILS

NAME: _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

Please check: NEW RENEWAL

AMOUNT OF SHARE CAPITAL TO BE INSURED:

BENEFICIARY

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

RELATIONSHIP: _____

I have read and hereby agree to the Terms and Conditions stated hereunto

Signature Over Printed Name