



BPI



LIFE ASSURANCE CORPORATION

A SUBSIDIARY OF AIA PHILIPPINES AND AN AFFILIATE OF BPI
FORMERLY BPI-PHILAM LIFE ASSURANCE CORPORATION

15/F BPI-Philam Life Makati, 6811 Ayala Avenue, Makati City 1226, Philippines
Hotline No. 89-100
TIN NO. 000-318-213-000

CLASSIC CORPORATE PERSONAL ACCIDENT

MASTER POLICY CONTRACT

POLICY NO. **9900360251**

The **BPI – AIA LIFE ASSURANCE CORPORATION** (hereinafter called the “Company”) HEREBY ISSUES this Group Policy (hereinafter called the “Policy”) to **BPI ASSET MANAGEMENT AND TRUST CORPORATION / BPI WEALTH - A TRUST CORPORATION** (hereinafter called the “Assured”) and INSURES the Member(s) against specified losses covered by this Policy, subject to and in accordance with the exceptions, limitations, provisions and forms herein contained.

The insurance provided under this Policy is only with respect to such and so many of the coverages as are indicated by a specific amount in the currency stipulated and set opposite thereto in the Schedule of the attached Application.

The provisions on the subsequent pages hereof form part of the Policy as fully as if recited at length over the signature hereto affixed.

IN WITNESS WHEREOF, the Company has caused this policy to be executed on its behalf by the undersigned authorized representative at Makati City this day of **November 01, 2024**.

Katherine P. Custodia
KATHERINE P. CUSTODIA
Chief Executive Officer

Documentary stamp tax in the amount of **₱ 100.00**, corresponding to this Policy has been paid.

IMPORTANT:

This Policy includes this page and the following pages. If any provision is not clear, consult your Bancassurance Sales Executive or write to our Home Office directly.

All provisions in this Policy are in accordance with the requirements of the Insurance Code.

BENEFITS

PART I. ACCIDENTAL LOSS OF LIFE BENEFIT

When Injury results in the loss of life of the Member within one-hundred eighty (180) days after the accident, we will pay the Principal Sum.

FLYING COVERAGE

We will pay any benefit payable if the Member suffers an Injury while as a passenger (not as an operator or crew member), boarding, or alighting from a certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight, and operated by a properly certified pilot flying between duly established and maintained airports over an established passenger route.

RENEWAL BONUS

An increase of _____ shall be allowed on the original Principal Sum of the benefits payable under Part I and Part II Option 1 upon renewal of this Policy, each year up of five (5) consecutive years, provided that the original Principal Sum under this Policy, or the total of the original Principal Sums of all Personal Accident coverages issued by us to the Member does not exceed _____. If such original Principal Sum or such total of the original Principal Sums exceeds the increase shall be applied only on the first thereof.

PART II. OPTIONAL BENEFITS

THE BENEFITS UNDER OPTIONS 1 TO 6 ARE OPTIONAL AND WILL ONLY BE PAYABLE IF SHOWN IN THE SCHEDULE AND THE PREMIUMS THEREFOR ARE PAID IN ACCORDANCE WITH THE SAID SCHEDULE. THE BENEFITS UNDER OPTIONS 1 TO 6 ARE PAYABLE IN ADDITION TO BENEFITS PAID OR PAYABLE UNDER PART I.

OPTION 1. ACCIDENTAL DISMEMBERMENT AND LOSS OF USE BENEFIT AND ACCIDENTAL PERMANENT TOTAL DISABILITY BENEFIT

ACCIDENTAL DISMEMBERMENT AND LOSS OF USE BENEFIT

When Injury results in any of the following Losses to the Member within one hundred eighty (180) days after the date of the accident, we will pay the benefit corresponding to the Accidental Dismemberment or Loss of Use as shown below, subject to the provisions of this Policy:

Accidental Dismemberment or Loss of Use of Limbs	Percentage of Principal Sum
(a) Both Hands.....	100%
(b) Both Feet.....	100%
(c) One Hand and One Foot.....	100%
(d) One Hand	50%
(e) Arm between elbow and wrist.....	60%
(f) Arm at or above elbow.....	70%
(g) One Foot.....	50%
(h) Leg below knee.....	60%
(i) Leg at or above knee.....	70%

Loss of Sight

(a) Both Eyes.....	100%
(b) One Eye.....	50%

Loss of Speech..... 100%

Loss of Hearing

(a) Both Ears.....	100%
(b) One Ear.....	50%

Accidental Dismemberment or

Loss of Use of Fingers

(a) All of One Hand.....	50%
(b) Thumb.....	15%
(c) Index Finger.....	10%
(d) Middle Finger.....	6%
(e) Ring Finger.....	5%
(f) Little Finger.....	4%

Loss of Use of Metacarpals

- first or second 3%

Loss of Use of Metacarpals

- third, fourth or fifth 2%

Accidental Dismemberment or

Loss of Use of Toes

(a) All of One Foot.....	25%
(b) Great Toe.....	5%
(c) Other than Great, each Toe.....	1%

Fractured leg or patella

with established non-union..... 10%

Shortening of leg by at least 5 cm..... 7.5%

The Accidental Dismemberment or Loss of Use of the first joint of any finger or of any toe shall be considered as equal to the Accidental Dismemberment or Loss of Use of one half of the finger or toe and the benefit shall be one half of the benefit above specified for the Accidental Dismemberment or Loss of Use of the finger or toe.

Where, however, there is Accidental Dismemberment or Loss of Use of two or more parts of the hand, the percentage of Principal Sum payable shall not be more than the percentage payable for the Accidental Dismemberment or Loss of Use of the whole hand.

Where the percentage of Principal Sum payable for Accidental Dismemberment or Loss of Use is not specified in the above table, we will adopt a percentage of Principal Sum that is not inconsistent with the percentages in the table.

ACCIDENTAL PERMANENT TOTAL DISABILITY BENEFIT

When, as a result of an Injury and commencing within one hundred and eighty (180) days after the accident, the Member is Totally and Permanently Disabled and such disability has continued for a period of six (6) consecutive months and is total, continuous and permanent at the end of this period, we will pay a monthly benefit of three percent (3%) of the Principal Sum for each month the Member remains Totally and Permanently Disabled beginning on the seventh month of such disability, to a maximum of thirty-two (32) months. If the Member remains Totally and Permanently Disabled one month after the 32nd monthly benefit payment, we will pay a lump sum benefit of four percent (4%) of the Principal Sum.

BENEFIT LIMITATION CLAUSE FOR PART I AND PART II OPTION 1

In any policy year, the aggregate benefits payable under Part I and Part II Option 1 of this Policy in respect of any one accident

resulting in any and all losses within 180 days from date of accident shall not exceed the Principal Sum.

In any policy year, the aggregate benefits payable under Part II Option 1 of this Policy in respect of one or more accidents resulting in any such losses within 180 days from date of accidents shall not exceed the Principal Sum. However, the payment of the Principal Sum for such losses notwithstanding, we will still pay the Principal Sum for loss of life due to an unrelated accident while this Policy is in-force.

OPTION 2. MEDICAL REIMBURSEMENT BENEFIT

Option 2.1 For Accident Only. When, by reason of Injury, and commencing within thirty (30) days after the date of accident, the Member shall require treatment by a physician, use of hospital facilities, or the employment of a licensed nurse while at the hospital, we will pay the reasonable, customary and necessary medical expenses incurred within fifty-two (52) weeks from the date of the accident for such treatment, hospital charges and nurses' fees which exceed the deductible, if any, stated in the Schedule but not more than the amount payable stated in the Schedule as the result of one accident.

Option 2.2. For Both Accident and Illness.

For Accident. When, by reason of Injury, and commencing within thirty (30) days after the date of accident, the Member shall require treatment by a physician, use of hospital facilities, or the employment of a licensed nurse while at the hospital, we will pay the reasonable, customary and necessary medical expenses incurred within fifty-two (52) weeks from the date of the accident for such treatment, hospital charges and nurses' fees which exceed the deductible, if any, stated in the Schedule but not more than the amount payable stated in the Schedule as the result of one accident.

For Illness. When, by reason of Covered Illness, the Member shall require treatment by a physician, use of hospital facilities, or the employment of a licensed nurse while at the hospital, we will pay the reasonable, customary and necessary medical expenses for such treatment, hospital charges and nurses' fees which exceed the deductible, if any, stated in the Schedule but not more than the amount payable stated in the Schedule with respect to the Same Confinement

OPTION 3. ACCIDENT WEEKLY INCOME BENEFIT

When, as a result of Injury and commencing within (90) days after the date of accident, the Member is totally disabled and prevented from performing each and every duty pertaining to his occupation, we will pay periodically the Weekly Income Benefit stated in the Schedule starting from the first day the Member becomes totally disabled, for a maximum period of twenty-six (26) weeks, or until the Policy anniversary nearest to the 69th birthday of the Member, whichever occurs first and during which time the Member shall continue to be totally disabled commencing immediately following the Elimination Period (if any).

If the Member is totally disabled for a portion of a week, one seventh (1/7) of the Weekly Benefit shall be payable for each day the Member is totally disabled, subject to the Elimination Period.

OPTION 4. DAILY HOSPITAL INCOME BENEFIT

Option 4.1. For Accident Only. The Company shall pay an amount equal to the Daily Hospital Income Benefit as stated in the attached schedule, for each day during which the Member shall be

necessarily confined within a hospital as an In-patient due to an Injury, on the recommendation and under the continuous attendance of a Physician up to a maximum of sixty (60) days with respect to the Same Confinement.

Option 4.2. For Both Accident and Illness.

For Accident. The Company shall pay an amount equal to the Daily Hospital Income Benefit as stated in the attached schedule, for each day during which the Member shall be necessarily confined within a hospital as an In-patient due to an Injury, on the recommendation and under the continuous attendance of a Physician up to a maximum of sixty (60) days with respect to the Same Confinement.

For Illness. The Company shall pay an amount equal to the Daily Hospital Income Benefit as stated in the attached schedule, for each day during which the Member shall be necessarily confined within a hospital as an In-patient due to a Covered Illness, on the recommendation and under the continuous attendance of a Physician up to a maximum of sixty (60) days with respect to the Same Confinement.

OPTION 5. SPECIAL MAJOR ACCIDENTAL DISMEMBERMENT OR LOSS OF USE COVERAGE

We will pay twenty five percent (25%) of the Principal Sum in addition to the ACCIDENTAL DISMEMBERMENT AND LOSS OF USE BENEFIT payable under Part II Option 1 if the Member suffers an Injury, which results in any of the following losses:

- (a) Accidental Dismemberment or Loss of Use of Both Hands
- (b) Accidental Dismemberment or Loss of Use of Both Feet
- (c) Accidental Dismemberment or Loss of Use of One Hand and One Foot
- (d) Loss of Sight of Both Eyes

Provided, however, that only one additional twenty five percent (25%) of Principal Sum shall be payable in case of multiple losses.

OPTION 6. SPECIAL COMPASSIONATE BENEFIT

We will pay a percentage of the Principal Sum up to a maximum of ₱ 100,000.00 as stated in the Schedule, in case of death of the Member not resulting from Injury as defined in this Policy except for suicide committed while sane, within two (2) years from Effective date of reinstatement date, where the liability of the Company is limited to the return of premiums paid for this benefit.

COVERAGE LIMITATION FOR CATASTROPHIC LOSS

The maximum aggregate liability of the Company per any one accident under the Policy shall be 200 times the annual premium being paid on the policy, or ₱ 2,500,000.00. In the event said maximum aggregate liability for any one accident is insufficient to pay the full amount of indemnity for each and all Members, then the amount payable to each Member shall be reduced in proportion to the maximum aggregate liability for any one accident.

In the event of a single accident involving several insured persons, any amount of premiums paid in excess of the premiums corresponding to the maximum aggregate liability for any one accident will be refunded to the Assured.

COVERAGE LIMITATION FOR MURDER

In case of murder or any attempt thereof, our liability for any loss shall not exceed ₱ 2,000,000.00 or 100% of the benefit stated for the different Coverages indicated herein, whichever is less.

DEFINITIONS

“Accident” means any unintentional act or unforeseen, unusual or unexpected event which directly causes an Injury.

“Acts of terrorism” shall mean the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, undertaken by any person or group, whether or not acting in behalf of or in connection with any organization, government, power, authority or military force, when the effect is to intimidate, harm or coerce a government, the civilian population or any segment thereof, or to disrupt any segment of the economy with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interest be declared or not. It shall also include any act which is verified or recognized by the Philippine Government as an act of terrorism.

“Application” and **“Schedule”** mean the application and the schedule set forth thereon, which is attached hereto and which forms a part of this Policy as fully as though it appeared over the signatures hereto affixed.

“Confinement” means admission in a hospital for a minimum period of twelve (12) hours upon the recommendation of a Physician. Confinement shall be evidenced by a daily room/room & board charge by the hospital.

“Covered Illness” means illness first occurring more than thirty (30) days after the Policy Effective Date. For this purpose, an Illness has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment.

“Deductible” means the flat amount that the Member must pay before any benefit payments are to be paid with respect to the Same Confinement.

“Dismemberment” means complete and permanent severance of any of the following as specified below:

- (a) **hand** - at the wrist
- (b) **arm between elbow or wrist** - above the wrist joint and below the elbow joint
- (c) **arm at or above elbow** - at or above the elbow joint
- (d) **foot** - at the ankle joint
- (e) **leg below knee** - above the ankle joint and below the knee joint
- (f) **leg at or above knee** - at or above the knee joint
- (g) **fingers** - through or above the metacarpo-phalangeal joints
- (h) **toes** - through or above the metatarso-phalangeal joints

“Elimination Period” means the number of consecutive days as stated in the Application, for which no benefits are payable, commencing with the first day the Member is Totally Disabled.

“Hospital” means any public or private institution licensed by the Department of Health as a hospital. “Hospital” does not include any institution or that section of any institution which is operated

as a convalescent or nursing home, rest home for the aged, a place for custodial care, or for any similar purpose.

“Injury” means bodily injury which

- (a) is sustained while this Policy is in force,
- (b) is caused solely by external, violent and accidental means and independent of any other cause and,
- (c) produces a visible contusion or wound on the exterior of the body except in the case of drowning or of internal injury revealed by an autopsy.

“Inpatient” wherever used in this form means a person who is confined in a Hospital as a resident patient and who is charged at least one (1) day's room and board, equivalent to at least twelve (12) hours, as a direct result of Injury or Covered Illness.

“Loss of Use” means the complete and permanent inability of the Member to move or perform an action for which his limbs, fingers, toes or metacarpals are normally fitted or used, or for which they normally exist. It includes paralysis which means complete and permanent inability to move as a result of neurological damage.

“Loss of Sight” means permanent, irrecoverable and irreversible loss of visual acuity of more than eighty percent (80%), duly certified by an ophthalmologist's report.

“Loss of Hearing” means permanent, irrecoverable and irreversible total loss of hearing for all sounds as confirmed by a certified Ear, Nose and Throat (ENT) specialist through audiometric and sound-threshold tests.

“Loss of Speech” means the inability to speak comprehensible words or understandable verbal language due to permanent, irrecoverable and irreversible:

- (a) total loss or damage of vocal cord or its adjacent organs as confirmed by a certified Ear, Nose and Throat (ENT) specialist; or
- (b) damage of speech center in the brain resulting in Aphasia as confirmed by a certified neurologist and which must be established for a continuous period of 12 months from date of accident.

All psychiatric related causes are excluded.

“Member(s)” means any employee of the Assured who is eligible, enrolled and confirmed to be insured for insurance benefits under this Policy.

“Physician” means a person legally licensed to practice medicine and/ or surgery in the Philippines other than the Member or a member of the Member's immediate family. Immediate family shall refer to the parents, wife or husband, children, and brothers and sisters of the Member.

“Pre-Existing Condition” means any illness or condition occurring before the Effective Date of the Member's Coverage. For this purpose, an illness or condition has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment.

“Principal Sum” or **“Daily Hospital Income Benefit”** shall mean the amount in the currency stipulated for the Plan applicable to the Member, as stated in the Application under Schedule, or any relevant Endorsement.

“Proposed Employee” means the employee of the Assured as stated in the Application.

“Same Confinement” means that if two (2) or more Confinements are due to the same Covered Illness or related injury, or to any complications arising therefrom, such Confinement shall be regarded as one (1) Confinement if each of them is not separated by more than six (6) months from the paid or payable Confinement which immediately precedes it. This rule shall be observed in determining the limit of the benefits

“Total and Permanent Disability” means the inability to engage in any gainful occupation, employment or business for which the Member is reasonably qualified by education, training or experience.

“We”, “us”, and “our” refer to the BPI – Philam Life Assurance Corporation.

EXCLUSIONS

We will not pay any benefit under this Policy for Injury or Illness caused directly or indirectly, wholly or partly:

- (a) by intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane;
- (b) by war, invasion, act of foreign enemy, acts of terrorism, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine, or nationalization by or under the order of any government or public or local authority;
- (c) by any weapon or instrument employing atomic fission, thermonuclear fusion or any form of radiation, whether in time of peace or war;
- (d) by homicide or any attempt thereof, or physical injuries, occasioned by the provocation of the Member;
- (e) by congenital anomalies and conditions arising therefrom;
- (f) by pregnancy and resulting childbirth, miscarriage or abortion;
- (g) by cosmetic or plastic surgery, except as a result of Injury;
- (h) while the Member is in active service in the Armed Forces of any country or any international authority and in such an event, we, upon written notification by the Member, shall return the pro-rata premium for any such period of service;
- (i) while in any attempted commission of, or willful participation by the Member in, any crime punishable under any prevailing law or ordinance of the Philippines or of any country in which the crime was attempted;
- (j) while resisting lawful arrest;
- (k) while entering, leaving, operating, servicing, or being in, on, or about any aerial or submarine device or conveyance except as specifically provided herein;
- (l) by dental care or surgery except to natural teeth as occasioned by Injury;
- (m) while under the influence of alcohol or unprescribed drugs;
- (n) by alcoholism or drug addiction;
- (o) by disease, bacterial infection or out of or consequent upon or contributed to by Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
- (p) by hernia, ptomaines, or other bacterial infections which are not pyogenic infections occurring at the same time with or because of any accidental cut or wound;

- (q) by circumcision, sterilization, artificial insemination, sex transformation, diagnosis and treatment of infertility, congenital deformities and defects;
- (r) by mental or nervous disorders;
- (s) by poison, gas or fumes voluntarily or involuntarily taken;
- (t) by automobile and motorcycle racing, judo, karate and similar martial arts, scuba diving, hang gliding and sky-diving;
- (u) routine health checks, any investigation(s) not directly related to admission diagnosis, illness or injury, or any treatment or investigation which is not medically necessary, or convalescence, custodial or rest care;
- (v) Pre-Existing Condition.

CONTRACT PROVISIONS

1. ENTIRE CONTRACT - CHANGE IN POLICY

This Policy, together with the endorsements, and any amendments thereto signed by the Assured and the Company, and the application attached hereto of the Assured, constitute the entire contract between the parties hereto. No Bancassurance Sales Executive has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by an authorized officer of our Company and such approval be endorsed hereon. None of the provisions, conditions and terms of this Policy shall be waived or altered except in accordance with the pertinent provisions of Section 50 of the Insurance Code.

2. PREMIUM PAYMENT

This Policy shall not be valid and binding unless and until the corresponding annual premium in the currency stipulated in the schedule has been duly paid. It is hereby agreed that the annual premium for this policy shall be paid simultaneous with the submission of the insurance application or renewal of an existing policy.

3. EFFECTIVE DATE

This insurance coverage provided hereunder for each Member takes effect on the Effective Date of Coverage as shown on the Member's Individual Certificate except for a Member who is hospital confined, disabled, or receiving payment for a claim. The coverage on such Member shall take effect thirty-one (31) days after such hospital confinement or disability terminates, or payment of claim ceases, whichever is later.

If a Proposed Employee is, on account of injury or disease, not actively working in full-time employment on the date his insurance would otherwise have become effective as provided by the Policy, the Insurance shall not become effective until the date such persons returns to full-time work.

4. RENEWAL CONDITIONS

This Policy may be renewed for further consecutive periods by the payment of premium on the effective date of the renewal at the Company's premium rate in force at the time of renewal, subject to the Company's right to decline renewal of this Policy on any anniversary date of the Policy upon giving forty-five (45) days prior written notice mailed or delivered to the Assured at the address shown in the Application of the Company's intention not to renew the Policy or to condition its renewal upon reduction of limits, increase in premium, or elimination of coverages and provided that the number of Members is not less than 5 and total premium payments amount to not less than ₱ 2,000.00. The

Company's acceptance of premium shall constitute its consent to renewal. Unless renewed as herein provided, the policy shall terminate, at the expiration of the grace period for any premium not paid when due.

We reserve the right to change, at any time and from time to time, subject to the approval of the Insurance Commission, the table of rates applicable to premiums thereafter becoming due under this Policy.

5. GRACE PERIOD

A Grace Period of thirty-one (31) days will be granted for the payment of the renewal premium, during which time the Policy shall be in force, unless the policy has been cancelled in accordance with the provision of this policy,

However, if loss occurs within the grace period, the unpaid renewal premium will be deducted in settlement.

6. NOTICE OF LOSS / HOSPITALIZATION

We must be given written notice within thirty (30) days after the date of the Injury and/or Hospitalization, and immediately in case of death. Delay in giving the notice, if excusable, will not invalidate the claim.

7. PROOF OF LOSS / HOSPITALIZATION

Satisfactory proof of loss must be filed at any of our offices within ninety (90) days after the date of loss / hospitalization. Delay in filing proof of loss, if excusable, will not invalidate the claim.

In considering a claim under this Policy, we shall have the right to examine the person suffering the loss when and as often as we may reasonably require while the claim is in process and during the entire period that we are liable to the benefit under this Policy. In case of death, we shall have the right to require due proof that death occurred according to the terms of this Policy and to examine the body of the Member and make an autopsy unless forbidden by law.

8. PAYMENT OF HOSPITALIZATION BENEFITS

All accrued Hospital Income Benefits provided under this Policy will be paid after the discharge of the Member from the Hospital. However, in the event of a Hospital Confinement for a period exceeding ten (10) days, we will, at the written request of the Member, make periodic payments (maximum of 3) of such benefits.

9. COORDINATION OF HOSPITAL INCOME BENEFITS

The total daily hospital income benefit from this Policy and other in-force hospital income policies and supplementary contracts issued by the Company shall be subject to a maximum amount of ₱ 4,500.00 per covered day of Confinement.

Should the total hospital income benefits payable from this Policy and from all in-force hospital income policies and supplementary contracts issued by the Company covering the Member exceed the foregoing applicable limits indicated above, then the hospital income benefit under the last hospital income policy(ies) or supplementary contract(s) which gave rise to the excess shall be correspondingly reduced and all premium paid on such portion of the hospital income benefit shall be returned to the Member.

10. TO WHOM BENEFITS ARE PAYABLE

Benefits, if any, are payable to the Member, if alive, otherwise to the Beneficiary named in the Application provided such Beneficiary is not legally disqualified and survives the Member; otherwise, to the person or persons then surviving in the following order of preference:

- (a) Legal Spouse and Children
- (b) Parents
- (c) Brothers and Sisters
- (d) His Estate

Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of the payment.

11. CONSENT OF BENEFICIARY

Unless irrevocably designated, consent of the Beneficiary, if any, shall not be required to change beneficiary in this Policy.

No change of beneficiary in this Policy shall bind us unless a written request in a form satisfactory to us is filed and recorded at our Home Office.

12. LIMITATION OF ACTION

Unless the claim has been rejected, no legal action may be filed before the end of sixty (60) days after proof of loss has been filed in accordance with the applicable provisions of this Policy. In any event, no legal action may be filed after one (1) year from the time the claim is denied or decided.

13. MISSTATEMENT OF AGE

In the event the age of the Member has been misstated, and if according to the correct age of the Member, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then our liability during the period the Member is not eligible for coverage shall be limited to the refund of all premiums paid for the period not covered by the Policy.

14. AGE LIMITATION

If at the Effective Date of this Policy the age of a Member at nearest birthday is more than sixty five (65) years, the coverage for such Member shall be void and we shall be liable only for the return of the premiums actually paid.

15. ASSIGNMENT

No assignment of interest under this Policy shall be binding upon us unless and until the original or a duplicate thereof is filed at any of our offices. We do not assume any responsibility for the validity of an assignment.

16. CANCELLATION CLAUSE

The Policy shall not be canceled by or on behalf of the Company except upon written notice to the Assured. Such cancellation is valid only for the following reasons:

- (a) non-payment of premium;
- (b) conviction of crime arising out of acts increasing the hazard insured against;
- (c) discovery of fraud or material misrepresentation; and

- (d) determination by the Commissioner that the continuation of the Policy would violate or would place the insurer in violation of the Insurance Code.

In the event of such cancellation, we shall refund the paid premiums less the earned portion thereof to the Assured.

17. CHANGE OF OCCUPATION OR DUTIES

If a Member sustains a loss after having changed occupation to one classified by us as more hazardous than that stated in the Application or while doing, for compensation, anything pertaining to an occupation so classified, we will pay only such portion of the indemnities provided in this Policy as the premium paid would have purchased at the rates and within the limits fixed by us for such more hazardous occupation.

If a Member changes occupation to one classified by us as less hazardous than that stated in the Application, we, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess pro rata premium from the date of change of occupation or from the date of issue or last renewal of the Policy prior to the receipt of such proof, whichever is the more recent.

In applying this provision, the classification of occupation and the premium rates shall be such as existing at the date of issue or last renewal of the Policy prior to the occurrence of the loss for which we are liable, or prior to the date of proof of change in occupation.

18. CIVIL CODE 1250 WAIVER CLAUSE

It is hereby declared and agreed that the provisions of Article 1250 of the Civil Code of the Philippines (R.A. No. 386) which reads: "In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment." shall not apply in determining the extent of liability under the provisions of this policy.

19. ADDITIONS

Any person becoming eligible after the effective date of this Policy may be added from time to time as a Member upon application by the Assured, presentation of proof of eligibility and insurability satisfactory to us, and payment of the required additional premium. Insurance coverage for the new Member shall commence on the date such application has been approved by us subject to any limitations set forth in the attached forms.

20. EXPIRATION OF INDIVIDUAL COVERAGE

The Member's coverage under this Policy shall automatically end on the earliest of the following dates:

- (a) upon the death of the Member; or
- (b) if the coverage under this Policy has been cancelled on the due date of any premium by giving the Company advance written notice; or
- (c) at the Policy anniversary nearest the Member's sixty-fifth (65th) birthday; terminates at age 66
- (d) if any premium on this Policy is not paid by the end of the grace period; or
- (e) if the Policy is lapsed, surrendered, or otherwise ended; or
- (f) if the Member is no longer officially connected to the Assured.

21. TERMINATION OF POLICY

This Policy shall automatically end on the earliest of the following dates:

- (a) on the first premium due date on which no person occupies the status of Member; or
- (b) on the expiration of the grace period for any premium not paid when due; or
- (c) on the latest date of expiration of coverage of all Member(s) when applicable.

Termination or cancellation of a Policy or expiration of individual coverage shall not affect any valid claim or loss occurring before such termination, cancellation or expiration. The payment to or acceptance by us or our Bancassurance Sales Executive of any premium after such termination, cancellation or expiration shall not create any liability except to return the unnecessary premium unless this Policy or the individual coverage is reinstated pursuant to the Reinstatement provision.

22. SETTLEMENT OF CLAIM CLAUSE

The amount of any loss for which we may be liable under this Policy shall be paid within thirty (30) days after proof of loss is received by us and ascertainment of the loss is made either by agreement between the Member and the Company or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by the Company of proof of loss, then the loss shall be paid within ninety (90) days after such receipt.

23. NO CASH VALUE AND NONPARTICIPATION

This Policy does not earn cash value nor share in our surplus earnings.

24. REINSTATEMENT

The Policy may be reinstated, if such has lapsed for non-payment of premium, subject to Assured's payment of all back premiums due, including interest, and its compliance of the reinstatement requirements of the Company obtaining at the time of reinstatement.

25. ELIGIBILITY

For Non- Employer- Employee Groups:

- (a) Any Person who is a BPI Wealth Builder Fund Investor
- (b) Any Person who has reached the minimum investments or fund value of Php 150,000, whichever is higher.
- (c) Any person who is aged 18-65 years old, terminates at age 66.
- (d) In good standing, good health and actively performing the "daily normal chores of life."

"Daily normal chores of life" shall refer to the performance of daily routine task (such as batching, cooking, walking and etc.) solely independently of others.

26. INDIVIDUAL CERTIFICATES

We will issue to the Assured, for delivery to each Member under the Policy, an individual certificate setting forth a summary of the

essential features of the individual coverage and other privileges to which such Member is entitled to and stating to whom the benefits are payable.

The individual certificates do not constitute a contract but are merely informative statements setting forth the benefits.

The certificate and the corresponding benefits are not transferable.

The Group Master Policy is in the possession of the Assured and may be inspected at anytime during business/office hours at the Office of the Assured.

If the Member disappears and is not found within one (1) year after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which the Member was traveling at the time of the Injury and under such circumstances as would otherwise be covered hereunder, it will be presumed that the Member suffered loss of life resulting from bodily injury caused by the accident covered by this Policy at the time of such disappearance, sinking or wrecking. If at any time after settlement of claims, the Member shall be found to be alive, all amounts so paid shall be refunded to us.

27. DISAPPEARANCE

NOTICE: THE INSURANCE COMMISSION WITH THE OFFICES IN MANILA, CEBU AND DAVAO, IS THE GOVERNMENT OFFICE IN CHARGE OF THE ENFORCEMENT OF ALL LAWS RELATING TO INSURANCE AND HAS SUPERVISION OVER THE INSURANCE COMPANIES. IT IS READY AT ALL TIMES TO RENDER ASSISTANCE IN SETTLING ANY CONTROVERSY BETWEEN AN INSURANCE COMPANY AND A POLICYHOLDER RELATING TO INSURANCE MATTERS.

THIS CONTRACT IS BETWEEN THE OWNER NAMED IN THIS POLICY AND BPI-PHILAM LIFE ASSURANCE CORP., AN AFFILIATE OF THE BANK OF THE PHILIPPINE ISLANDS (BPI). ALL TRANSACTIONS ARISING OUT OF OR RELATED TO THIS CONTRACT SHALL BE BINDING ONLY BETWEEN THESE TWO (2) CONTRACTING PARTIES. IT IS UNDERSTOOD THAT THIS TRANSACTION IS NEITHER INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION NOR GUARANTEED BY BPI.



CLASSIC CORPORATE PERSONAL ACCIDENT

Schedule of Benefits

Assured: BPI ASSET MANAGEMENT AND TRUST CORPORATION / BPI WEALTH - A TRUST CORPORATION

Policy No: 9900360251

Effective Date: NOVEMBER 01, 2024

Benefits	All Eligible Members
Basic Corporate Personal Accident	P 2,000,000.00