

Hospital Protect

STARR
INSURANCE COMPANIES

Sickness and accidents happen every day and without warning. No one can predict when you will need to be hospitalized. You may succumb to a serious illness or perhaps be a victim of a serious accident having Hospital Income Protection will provide additional funds to assist with the financial stress to pay for doctor fees, medication, lab fees or even transportation fees for those who are hospitalized.

At Starr, we make it our business to understand your needs. We put ourselves in your shoes because we act and think locally, and we develop products based on what everyone needs to protect themselves and their family.

Hospital Protect Product Description

Protect yourself and your loved ones from life's uncertainties with Hospital Protect. Hospital Protect provides a daily hospital income should you or a loved one become hospitalized as a result of suffering from a sickness or an accident.

Daily Hospital Income

- Pays a daily cash benefit for each day of confinement in a hospital subject to maximum number of days based on the recommendation of a Registered Medical Practitioner as a result of injury or sickness

Double Indemnity Intensive Care Unit Benefit

- Pays double the daily cash benefit for each day of confinement subject to maximum number days in the intensive care unit of a hospital based on the recommendation of a Registered Medical Practitioner as a result of injury or sickness

Emergency Surgical Allowance

- Reimburses actual expenses up to maximum sum insured if a Registered Medical Practitioner determines within the first 24-hours of being admitted as a Registered In-Patient an emergency surgical operation is necessary due to an urgent medical condition the Insured is completely unaware of and/or should have known about

Benefit Levels / Plans

Coverage	Option 1	Option 2	Option 3
Daily Hospital Income	PHP 1,000	PHP 2,000	PHP 3,000
Double Indemnity Intensive Care Unit Benefit	PHP 1,000	PHP 2,000	PHP 3,000
Emergency Surgical Allowance	PHP 10,000	PHP 20,000	PHP 30,000

Who Can Enroll in This Plan?

Main Applicant / Employee		Dependents	
Main Applicant	Spouse	Dependent Child(ren)	Parent(s) / Parent(s)-In-Law
18-65 years old	18-65 years old	6 months - 18 years old or up to 25 years old if in full time education	Below 65 years old

Eligibility

- Individual applicants must be in the Philippines at the time of insurance purchase - OFW applicants should purchase before departure
- Hospital Protect products offer worldwide coverage
- Starr Insurance Philippines reserves the right to deny applications outside the Philippines
- The OFW has the option to purchase policies for his/her family members residing in the Philippines

Free Coverage for Children

- Main Applicant / Employee and/or his/her spouse must purchase in order for dependent children to enjoy free coverage
- If only Main Applicant / Employee purchases a Hospital Protect plan, each dependent child will be automatically covered for 10% of Main Applicant / Employee's sum insured for free
- If both the Main Applicant / Employee and his/her spouse purchases a Hospital Protect plan, each dependent child will be automatically covered for 25% of the Main Applicant / Employee's or spouse's sum insured whichever is the lower for free

Hospital Protect | cont'd

Free Coverage for Children (continued)

- Free coverage for dependent children is not applicable if Main Applicant's parents and/or parent(s)-in-law purchase a Hospital Protect plan
- Only children from 6 months old up to 18 years old or up to 25 years old if in full time education, will be covered for free

Affordable Cost

Age	Annual Premium Per Person Per PHP 1,000
18-25	PHP 1,050
26-30	PHP 1,300
31-35	PHP 1,550
36-40	PHP 1,890
41-45	PHP 2,370
46-50	PHP 3,050
51-55	PHP 3,920
56-60	PHP 4,850
61-65	PHP 5,950

Note:

Above Annual Premium is for Option 1 plan. Premium for Option 2 & 3 plans will be two and three times of Option 1 plan respectively. Examples as follows:

Main Applicant is 43 years old

Annual Premium for Option 2: $\text{PHP } 2,370 \times 2 = \text{PHP } 4,740$

Spouse: 38 years old

Annual Premium for Option 1: $\text{PHP } 1,890 \times 1 = \text{PHP } 1,890$

Total: PHP 6,630

Highlights

- Protects 365 days, 7 days a week and 24-hours each day
- Worldwide coverage
- No health declaration required
- Daily Hospital Income pays up to 45 days per confinement while the Double Indemnity Intensive Care Unit Benefit pays up to 30 days of Confinement
- Guaranteed acceptance of application
- For installment payment options, premiums remain unchanged once you enroll and continue to pay premiums when due
- Protection can be extended to spouse, parents and parent(s)-in-law of Main Applicant
- Children are provided with free protection with Main Applicant's purchase
- Covers both sickness and accident events
- Provides value added benefits such as Double Indemnity if confined to the intensive care unit and Emergency Surgical Allowance
- Flexible options to choose from
- One low premium rate
- No deductible or co-payment
- No waiting period applicable for injuries requiring hospitalization due to accidents

Major Exclusions

War, suicide, pregnancy, childbirth, HIV related illness including AIDS, engaging in a sport in a professional capacity, the influence and/or effects of alcohol or drugs, motorcycling for professional use, murder or assault which is provoked, illegal acts, psychosis, pre-existing conditions (see below), disease, political acts or illegal activities and any loss which occurs while the Insured Person is in any country whereby the provision of insurance or payment for loss or claim would be prohibited by the U.S. economic or trade sanctions, laws, regulation or designations.

Pre-Existing is defined as a condition in which the Insured Person received or were recommended by a Registered Medical Practitioner for any medical treatment, diagnosis, consultation or prescribed drugs, or the existence of any symptoms either known or unknown to the Insured Person within two (2) years preceding the Policy's effective date.

Waiting Period means the period of thirty (30) days which commences immediately following the Policy's effective date, or last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only) whichever is later.

Contacts

Claim Inquires

claimcare.ph@starrcompanies.com

Customer Care

Monday - Friday 9:00AM - 5:00PM

customercare.ph@starrcompanies.com

+632.8.689.6600

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Paseo de Roxas Legaspi Village, Makati City 1226,
Philippines

This leaflet is designed to provide a summary of the plan and is not a contract of insurance. All benefits and exclusions are only briefly outlined here. For complete details, please refer to the policy for terms and conditions. This leaflet is for distribution in the Philippines only.

**STARR INDIVIDUAL
PRODUCT SERIES**

**HOSPITAL INCOME
(Hospital Protect)**

In consideration of the payment of premium by the Policyholder and subject to the terms and conditions of the Policy, We hereby insure the Insured Person in the manner and to the extent provided in the Policy.

All periods of insurance shall begin and end at 12:00 noon Manila standard time, at the place where the Policy was issued and end in accordance with Part IV of this Policy.

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PART I – DESCRIPTION OF COVERAGES

1. DAILY HOSPITAL CASH BENEFIT

If during the period of insurance You sustain an Injury or suffer from a Sickness which, based upon the recommendation of a Registered Medical Practitioner, requires You to be admitted as a Registered In-Patient, and provided such Confinement commences while this Policy is in effect, We shall pay You a Daily Cash Benefit as stated in the Schedule for each Day of Confinement therein, subject to the maximum number of days stated in the Schedule.

2. ADDITIONAL DAILY CASH BENEFIT – INTENSIVE CARE UNIT BENEFIT

If during the period of insurance You sustain an Injury or suffer from a Sickness which requires You to be Confined in the Hospital's Intensive Care unit, and provided such Confinement commences while this Policy is in effect, We will pay You an additional Daily Cash Benefit as stated in the Schedule for each Day of Confinement in an Intensive Care unit up to the maximum number of days stated in the Schedule.

3. EMERGENCY SURGICAL ALLOWANCE BENEFIT

If during your Confinement in a Hospital, a Registered Medical Practitioner determines within the first twenty-four (24) hours of You being admitted as a Registered In-Patient that You are required to undergo an Emergency Surgical Operation due to a cause which was previously unknown to You and in which You had not sought any previous medical advice or treatment and was undiagnosed and/or did not suffer any symptoms prior to Your becoming a Registered In-Patient, and provided such Confinement commences while this Policy is in effect, We will pay for Your Surgical Fees up to the maximum Sum Insured stated in the Schedule.

PROVISIONS

- (a) "Daily Hospital Cash Benefit" pays up to a maximum of 45 days per confinement, while "Additional Daily Cash Benefit -Intensive Care Unit Benefit" pays up to 30 days of confinement.
- (b) A Waiting Period shall apply for any Sickness occurring within the first thirty (30) days after the Effective Date of this Policy.
- (c) You shall not be covered for any Pre-existing Condition (Injury or Sickness) before the Effective Date of this Policy and which presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware.
- (d) If the Insured Person is a child under 18 years of age, the maximum benefit payable for Daily Cash and Additional Daily Cash Benefit – Intensive Care Unit Benefits shall not exceed twenty-five percent (25%) of the Daily Cash Benefit.
- (e) If the Insured Person is a child under 18 years of age, the maximum benefit payable for Emergency Surgical Allowance Benefit shall not exceed twenty-five percent (25%) of the maximum Sum Insured.
- (f) If the Insured Person is a child under 18 years of age, this Policy is not liable for and excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following:
 - (a) Any Infectious Disease, virus, bacterium or other microorganism (whether asymptomatic or not); or
 - (b) Severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) or Coronavirus disease (COVID-19), including any mutation or variation thereof; or
 - (c) Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.If the Insurer alleges that, by reason of this exclusion, any amount is not covered by this Policy, the burden of proving the contrary shall rest on the Insured.
- (g) If the Insured Person is over the age of 60 years of age, the maximum benefit payable for Daily Cash and additional Daily Cash Benefit – Intensive Care Unit Benefits shall not exceed fifty percent (50%) of the Daily Cash Benefit.
- (h) If the Insured Person is over the age of 60 years of age, the maximum benefit payable for Emergency Surgical Allowance Benefits shall not exceed fifty percent (50%) of the maximum Sum Insured.
- (i) "Daily Hospital Cash Benefit" and "Additional Daily Cash Benefit – Intensive Care Unit Benefit" shall only be

paid for each Day of Confinement that You are confined to a Hospital and invoiced by such Hospital as evidenced by a daily room charge.

- (j) The "Emergency Surgical Allowance Benefit" shall include fees charged by the hospital, doctors, surgeons, anesthetists and operating theatre but excluding the cost of room and board and any non-medical charges such as but not limited to meals and room charges incurred during Confinement in a Hospital up to the maximum Sum Insured stated in the Schedule.
- (k) In the event You obtain or are entitled to a refund of all or part of such fees or charges from any source, We shall only be liable for any excess beyond the amount recoverable from such other source and subject always to the maximum amount stated in the Schedule.
- (l) Benefits shall only be payable in respect of Confinement when You are under the care and attendance of a Registered Medical Practitioner.
- (m) If You are Confined in a Hospital which commences while this Policy is in effect and which results from causes which are the same as, or related to, causes of a prior Confinement for which a benefit or other indemnity or compensation has been payable under this Policy or another policy and not separated from such prior Confinement by a period of twelve months or more, such Confinement shall be considered to be a continuation of the prior Confinement. Such Confinement shall be considered to have occurred during the same period of Sickness or have resulted from the same Injury for the purpose of determining the relevant Daily Hospital Cash Benefit period and the maximum Daily Hospital Cash Benefit payable under this Policy.
- (n) Confinements separated by a period of twelve months or more shall be considered to be separate Confinements and shall not be considered to have occurred during the same period of Sickness or to have resulted from the same Injury for the purpose of determining the relevant Daily Hospital Cash Benefit period and the maximum Daily Hospital Cash Benefit payable under this Policy.
- (o) If You are Confined in a Hospital which commences prior to the expiration of this Policy and this Confinement extends past the expiration of this Policy, we shall pay a Benefit up to the maximum number of days stated in the Schedule.
- (p) You shall not be covered under more than one Hospital Income policy issued by Us. In the event that You are covered under more than one such Policy, We will consider You to be insured under the Policy which provides the greater amount of Benefits instead of aggregating the benefits under all policies. If the benefits under each such Policy are identical, We will consider the Policy that was first issued to You and We will refund any duplicated insurance premium payment which may have been made by or on behalf of or in connection with You.
- (q) Except as provided in Provisions (i) and (n) above of this Policy and in relation to the Emergency Surgical Allowance Benefit, Benefits under this Policy shall be payable in addition to any other insurance benefit to which You may be entitled.
- (r) The "Additional Daily Cash Benefit – Intensive Care Benefit" shall be payable only when You are in Confinement:
 - In an Intensive Care Unit; or
 - For heart, heart and lung, liver, pancreas, kidney or bone marrow transplant operations; or
 - For suffering from specific infectious diseases, which requires isolation from the rest of the Hospital community as determined by the local health authorities.

PART II - DEFINITIONS

"Accident" means an unforeseen and involuntary event which causes Injury.

"Anniversary Date" means each anniversary of the Policy's Effective Date stated in the Schedule.

"Benefit" means the Daily Cash Benefit or Sum Insured as stated in the Schedule.

"Child(ren)" means a child(ren) aged between one (1) and under eighteen (18) years of age or up to 25 years old if in full time schooling.

"Civil War" means an internecine war, or a war carried on between or among opposing citizens of the same country or nations.

"Confinement / Confined" means admitted as a Registered In-Patient in a Hospital for medical treatment upon the recommendation of and under the regular care and attendance of a Registered Medical Practitioner which involves a continuous stay in the Hospital for a minimum of twenty-four (24) hours prior to the discharge from the Hospital.

“Congenital Conditions” means medical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months of birth.

“Daily Cash Benefit” means the Benefit payable for each Day of Confinement of an Insured Person for Sickness or Injury covered by the Policy subject to the maximum Sum Insured or maximum number of days as stated in the Schedule that corresponds to the Plan as stipulated in the Schedule.

“Day of Confinement” means each continuous twenty-four (24) hour period that the Insured Person is Confined in a Hospital as a Resident In-Patient.

“Effective Date” means the effective date in respect of each Insured Person as stated in the Schedule.

“Eligible Family Members” means the legally married spouse of the Insured Person aged 18 or over but under 65 years of age on the Effective Date of the Policy and all legally dependent unmarried children between one (1) year of age and seventeen (17) years of age, and parents and parents-in-laws under 65 years of age.

“Emergency Surgical Operation” means a surgical procedure that, in the opinion of a Registered Medical Practitioner, cannot be delayed and was previously unanticipated for which there is no alternative therapy, and for which a delay could result in death or permanent impairment of health. The Insured Person must have been unaware of any condition which would require an Emergency Surgical Operation and had not sought any previous medical advice or treatment and was undiagnosed and/or did not suffer any symptoms prior to being a Registered In-Patient, and provided such Confinement commences while this Policy is in effect.

“Hospital” means an establishment which meets all the following requirements:

- a. holds a license as a Hospital (if licensing is required in the state or governmental jurisdiction);
- b. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- c. provides 24-hour a day nursing services by registered or graduated nurses;
- d. has a staff of one or more Registered Medical Practitioner(s) at all times;
- e. provides organized facilities for diagnosis and major surgical facilities;
- f. is not primarily a clinic, nursing, rest or convalescent home or similar establishment, or a place for alcoholics or drug addicts.
- g. is not a mental institution; an institution confined primarily to the treatment of psychiatric disease including sub-normality; the psychiatric department of a hospital.

“Immediate Family Member” means the Insured Person’s spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister and grandchild.

“Infectious Diseases” mean any kind of infectious diseases that are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another, which are publicly announced and require quarantine by the government.

“Intensive Care” means a designated ward, unit of an area within a Hospital for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services not regularly provided within such Hospital.

“Injury” means bodily injury which is solely caused by an Accident and independently of any other cause.

“Insured Person” means the person(s) insured and named in the Schedule or subsequently endorsed hereon.

“Nurse” means a qualified or trainee nurse or general nurse duly registered pursuant to the laws of the country in which he/she is employed.

“Policy” means this Policy and any other documents referred to in Clause 1 of Part VI herein.

“Pre-existing Condition” means a condition for which You received or were recommended by a Registered Medical Practitioner for any medical treatment, diagnosis, consultation or prescribed drugs, or the existence of any symptoms (known or unknown to You) leading to a claim under this Policy, within two (2) years preceding the Policy’s Effective Date, last reinstatement date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later.

“Proof of Loss” means written proof of the occurrence, character and extent of the loss for which a claim is made, to be submitted to Us in accordance with Part V herein in such form and of such nature as We may prescribe.

“Provoked Murder or Assault” shall mean the serious infliction of physical bodily harm on the Insured Person which results in death or serious Injury with sufficient provocation on the part of the Insured or threat directed at the Insured against the offender which immediately precedes the act.

“Registered In-Patient” means an Insured Person whose Hospital Confinement is as a resident bed patient and whose Confinement is necessary for the medical care, diagnosis, and treatment of a Sickness or Injury

covered by this Policy, and not merely for any form of nursing, convalescence, rehabilitation, rest, extended care or routine medical check-up.

“Registered Medical Practitioner” means any person qualified by degree in Western medicine and legally authorized by the government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is You or Your Immediate Family Member or someone living in the same household as You.

“Schedule” means the attachment to this Policy entitled “Schedule” as may be amended by Us from time to time.

“Sickness” means a physical condition marked by a pathological deviation from the normal health state during the period of insurance and includes sickness, illness or disease contracted and commencing after the Insured Person has been covered under this Policy for not less than thirty (30) days where the Insured Person whose Sickness is the basis of claim is insured under this Policy.

“Sum Insured” means the amount of sum insured stated in the Schedule.

“Surgical Fees” means the cost of conducting an Emergency Surgical Operation as defined herein.

“Terrorist” or “Member of a Terrorist Organization” means any person who commits, or attempts to commit, a Terrorist Act or who participates in or facilitates the commission of a Terrorist Act and/or is verified or recognized or designated by any government or authority or committee as a terrorist.

“Terrorist Act” means an act including but not limited to the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in connection with any organization, government, power, authority or military force, when the effect is to intimidate or coerce a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

“Unprovoked Murder or Assault” shall mean the serious infliction of physical bodily harm on the Insured Person which results in death or serious Injury without any sufficient provocation on the part of the Insured or threat directed at the Insured against the offender which immediately precedes the act.

“Waiting Period” means any Sickness which occurs within the first thirty (30) days after the Effective Date of the Policy.

“War” means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

“We, Us, Our” means Starr International Insurance Philippines Branch.

“You, Your, Yourself” means a person who is named as an Insured Person.

PART III – GENERAL EXCLUSIONS

We shall not pay for any loss directly or indirectly, wholly or partly arising as a result of:

1. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any warlike operations; direct participation in strike, riot and civil commotion;
2. Nuclear risks of any nature; biological, chemical, radioactive, nuclear pollution or contamination exposure;
3. Armed force, naval, military, air force or any flying service or operations;
4. Air travel except as a passenger in any properly licensed private and/or commercial aircraft;
5. Suicide or attempted suicide or intentional self-injury while sane or insane;
6. Violation or attempted violation of the law or resistance to arrest.
7. Childbirth, miscarriage, abortion, birth control, infertility, pregnancy or any complications therefrom notwithstanding that such event may have been accelerated or induced by an Injury;
8. Congenital anomalies or any complications or conditions arising therefrom;
9. Any mental or nervous disorder, anxiety, psychosis, stress or depression; sleep disturbance disorder;
10. Any Sickness or illness resulting from a non-disclosed physical or mental condition which existed before the Policy’s Effective Date, or the date of its last reinstatement, or date of any increase of benefit coverage, whichever is later;
11. Any Sickness or illness occurring during the first thirty (30) days after the Effective Date of this Policy.
12. Any diagnosis made by You or Your Immediate Family Member or anyone who is living in the same household who may be a Registered Medical Practitioner;
13. Cosmetic, plastic or any elective surgery; surgical or non-surgical treatment of obesity (including morbid obesity) or weight control programs; congenital disease or defect or any complications or conditions arising

therefrom;

14. Convalescence, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary;
15. Acquired Immune Deficiency Syndrome (AIDS) or related disease; venereal disease and/or any other sexually transmitted diseases
16. The influence of alcohol or any non-prescribed drug, including the treatment of alcoholism, or drug abuse or any other complications arising therefrom or from any drug accident;
17. Any Pre-existing Condition or any complications arising therefrom;
18. Dental care or surgery unless required as a result of an Accident (excluding denture and related expenses) to sound and natural teeth; fitting of glasses for eye refraction, or hearing aids; corrective aids and treatment of refractive errors unless necessitated by Injury;
19. Any kind of disease (other than the benefits expressly provided herein);
20. Any loss caused by an Injury which is a consequence of any kind of disease (other than benefits expressly provided herein);
21. Engaging in a sport in a professional capacity or where you would or could earn income or remuneration from engaging in such sport;
22. Testing of any kind of conveyance or engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
23. Murder and/or Assault, whether provoked or unprovoked;
24. Motorcycling for professional use
25. Cost of room and board at a Hospital, charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipment;
26. General or health check-up, convalescence, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary;
27. Notwithstanding any provision to the contrary, this Policy is not liable for and excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following:
 - (a) Any Infectious Disease, virus, bacterium or other microorganism (whether asymptomatic or not); or
 - (b) Severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) or Coronavirus disease (COVID-19), including any mutation or variation thereof; or
 - (c) Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.
28. If the Insurer alleges that, by reason of this exclusion, any amount is not covered by this Policy, the burden of proving the contrary shall rest on the Insured.
29. Willful or deliberate exposure to danger (except in an attempt to save human life), or any injury arising out of non-adherence to medical advice;
30. An Insured Person who is a Terrorist or a Member of a Terrorist Organization; any illegal or unlawful act by the Insured Person; or
31. Any loss which occurs while the Insured Person is in any country whereby the provision of insurance or payment for a loss or claim would be prohibited by the U.S. economic or trade sanctions laws, regulations or designations.

PART IV - TERMINATION OF COVERAGE

1. The Policyholder may cancel this Policy within fifteen (15) days of the Effective Date by giving Us written notice. The Policyholder must return the Policy documents when he cancels the Policy. If no claims have been made by the Policyholder, the premium received will be refunded in full.
2. This Policy shall terminate:
 - a. When premium is not paid when due, subject to the provisions on Policy Grace Period as provided in Part VI; or
 - b. Conviction of a crime arising out of acts increasing the hazard insured against; or
 - c. Physical changes in the property insured which result in the property becoming uninsurable; or
 - d. On the Anniversary Date when the Policyholder (who is also an Insured Person) no longer fulfills the

- eligibility as stated under Clause 2 of Part VI herein; or,
- e. Upon payment of one hundred percent (100%) of the Sum Insured of Daily Hospital Cash Benefit to the Policyholder (who is also an Insured Person) and no premium shall be returned; or,
 - f. When there is any fraud or deliberate concealment or non-disclosure in respect of this insurance or any claim hereunder, which shall render this Policy null and void immediately and all the premiums paid and claims under this Policy shall be forfeited.
 - g. Willful or reckless acts or omissions on the part of You or Your insurance intermediary increasing the hazards insured against.
 - h. If the Insurance Commissioner determines that the continuation of the policy would violate or would place the Insurer in violation of Republic Act No. 10607, or the Insurance Code, as amended.
2. We may cancel this Policy at any time based on the grounds set out in Clause 2 of Part IV above during the period of insurance by giving You forty-five (45) days' prior notice in writing to Your last known address or to Your insurance intermediary. In the event of such termination, We shall promptly return the pro-rata premium to You. Such cancellation shall be without prejudice to any claim originating prior thereto.
 3. After the lapse of fifteen (15) days from the Effective Date, and without prejudice to Section 1 of this Part IV, You may also cancel this Policy by giving Us not less than thirty (30) days' prior written notice. Upon termination by You, premiums shall be computed in accordance with the applicable percentage indicated below, but in no event less than Our customary minimum premium:

Covered Period	Retentive Percentage of Annual Premium
6 Months (Minimum)	70%
Over 6 Months	100%

PART V – CLAIM PROVISIONS

The provisions in this Part V are all conditions precedent to Our liability to pay under this Policy.

CLAIM PROCEDURES

To ensure prompt processing of the claim, it is important that You submit a completed claim form (claim form is available from Us) together with the following supporting documentation. We reserve the right to request other documents not mentioned hereunder if necessary.

- (a) Medical report;
- (b) Original bills and receipts.

TIME OF NOTICE OF CLAIM

Written notice of claim must be given to Us within thirty (30) days after occurrence of any Accident or event likely to give rise to a claim under this Policy.

FORMS FOR PROOF OF LOSS

We, upon receipt of such notice, shall furnish to You such forms as are usually furnished by Us for filing Proof of Loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, You shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting within the time fixed in this Policy for filing Proof of Loss. All certificates, information and evidence required by Us shall be furnished at Your expense.

SUFFICIENCY OF NOTICE

Notice of claim given by You or on Your behalf to Us or to Our general agent, with particulars sufficient to identify Yourself shall be deemed to be notice to Us. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it is shown that it was not reasonably practicable to give such notice and that notice was given as soon as was reasonably practicable.

TIME FOR FILING PROOF OF LOSS

Affirmative Proof of Loss must be furnished to Us at Our said office in case of a claim within ninety (90) days after the date of such loss. If it is shown that it was not reasonably practicable to give such notice within such time, such Proof of Loss must be furnished as soon as reasonably practicable and in any event within one (1) year after the date of such loss.

MEDICAL EXAMINATION AND TREATMENT

We shall have the right and opportunity to examine You when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy at Our expense in case of death where it is not forbidden by law. You shall as soon as possible after the occurrence of any injury or sickness, whichever is appropriate, obtain and follow the advice of a Registered Medical Practitioner and We shall not be liable for any consequences arising by reason of Your failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

FRAUDULENT CLAIMS

If the claim be in any respect fraudulent or if any fraudulent means or devices be used by You or anyone acting on Your behalf to obtain any benefit under this Policy, this Policy shall immediately become terminated and all benefits in respect of such claims shall be forfeited from the date on which the fraudulent claim is proffered.

TIME FOR PAYMENT OF INDEMNITIES

All indemnities provided in this Policy shall be paid immediately after the receipt of due Proof of Loss, except periodic payment. In any event, all claims will be paid within 30 days or a shorter period after reaching an agreement.

RIGHT OF RECOVERY

In the event authorization of payment and/or payment is made by Us for a claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, We reserve the right to recover the said sum or excess actually paid or disbursed by Us from You.

PART VI - GENERAL CONDITIONS

ENTIRE CONTRACT

The Policy, Schedule of Benefits, application, riders, endorsements and attachments (if any) constitute the entire contract of insurance. No statement made by the Policyholder not included herein shall avoid the Policy or be used in any legal proceedings hereunder unless such statement is fraudulent. No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by Us and such approval be endorsed hereon.

AGE LIMIT FOR INSURED PERSON

The insurance under this Policy shall cover:

- (a) For adult – between the ages of eighteen (18) and sixty-five (65) years old (both years inclusive), renewable up to the age of sixty-nine (69) years old and all Benefits shall terminate on the Anniversary Date following Your seventieth (70th) birthday;
- (b) For child – must be unmarried and unemployed, between the ages of one (1) and seventeen (17) years old (both years inclusive).

MISSTATEMENT OF AGE

If the age of any Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured Person has been misstated and if, according to the correct age of the Insured Person, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then Our liability during the period in which the Insured Person was not eligible for coverage shall be limited to the refund of all premium paid for the period covered by the Policy.

PAYMENT OF PREMIUM

Starr International Insurance Philippines Branch

Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Ave.,
cor. Paseo de Roxas, Legaspi Village, Makati City 1226, Philippines
Tel: (632) 8689 6600 Fax: (632) 689 6630
Website: www.starrcompanies.com

The first premium is due on the Policy's Effective Date. After that, premiums shall be due annually on the Anniversary Date of the Policy unless We agree with the Policyholder to some other method of premium payment. The Policyholder shall remit the premium to Us by electronic wire or some other agreed method of premium payment before the premium due date. If any premium is not paid when due, the Policy shall be cancelled as of the premium due date, subject to the provisions of Clause 3 of Part IV above, and except as provided in the Policy Grace Period section as described below.

POLICY GRACE PERIOD

A Policy Grace Period of thirty-one (31) days shall be granted following the Anniversary Date of the Policy for the payment of the required premiums. The Policy shall remain in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance shall end upon the expiration of the Policy Grace Period. The Policyholder shall be liable to Us for any unpaid premium for the time the Policy was in force.

STATUS CHANGE

You must take full responsibility to inform Us forthwith of any change in respect of the information provided in Your application for this Policy; otherwise We reserve the right to refuse or invalidate all claims under this Policy.

TO WHOM INDEMNITIES PAYABLE

Benefits payable under this Policy shall be made to the Insured; however, in the event of his death, to the person or persons then surviving in the following order of preference: (a) legal spouse; (b) children; (c) parents; (d) brothers and sisters; otherwise, to the estate of the Insured. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

LIMITATIONS CONTROLLED BY STATUTE

If any time limitation of this insurance, with respect to giving notice of claim or furnishing Proof of Loss, is less than that permitted by the laws of the Philippines, such limitation is hereby extended to agree with the minimum period permitted by such laws.

LIMITATION OF TIME TO BRING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Proof of Loss has been furnished in accordance with the requirements of Part V of this Policy.

ASSIGNMENT

No notice of assignment of interest under this Policy shall be binding upon Us unless and until the original or a duplicate thereof is filed at Starr International Insurance Philippines Branch, Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Avenue cor. Paseo de Roxas, Legaspi Village, Makati City and Our consent to such assignment is endorsed. We do not assume any responsibility for the validity of an assignment. No provision of the charter, constitution or by-law shall be used in defense of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

COMPLIANCE WITH POLICY PROVISIONS

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

REINSTATEMENT OF POLICY

If this Policy lapses due to non-payment of premiums, it may be reinstated with Our written approval. Benefits shall not, however, be payable for any Accident or event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and the provisions on Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

CLERICAL ERROR

Clerical errors made by Us shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid in accordance with the provisions of this Policy and the applicable laws.

DATA PRIVACY

You hereby agree that any personal information collected or held by Us is provided and may be held, used and disclosed by Us to individuals/organizations associated with Us or to any selected third party (within or outside the Philippines) for the purposes of processing any claim under this Policy and providing subsequent services for this and other financial products and services, direct marketing, data matching and communicating with You for such purposes. If You do not wish to receive any direct marketing materials or calls, or wish to request access to and/or correction of any personal information held by Us concerning Yourself, You should write to Our Data Privacy Officer at Starr International Insurance Philippines Branch, Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Avenue cor. Paseo de Roxas, Legaspi Village, Makati City.

RENEWAL CLAUSE

This Policy shall be automatically renewable from the Anniversary Date with Our consent by payment of premium in advance at Our premium rate in force at the time of renewal. However, We reserve the right to make adjustments on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at Our discretion, upon giving forty-five (45) days prior written notice mailed or delivered to the Policyholder's last known address on record or its insurance intermediary.

MEDIATION CLAUSE

In the event of any controversy or claim arising out of or relating to this contract, or a breach thereof, the parties hereto agree to first try and settle the dispute by mediation, administered by the Insurance Commission or any recognized mediation institution in accordance with its mediation rules, before resorting to arbitration, litigation or some other dispute resolution procedure.

SUIT AGAINST COMPANY CLAUSE

If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any Court of competent jurisdiction within twelve (12) months from receipt of notice of such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrators or umpire, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

SETTLEMENT OF CLAIM CLAUSE

The amount of any loss or damage 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 or damage is made either by agreement between the Insured Person and Us or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by Us of the proof of loss, then the loss or damage shall be paid within ninety (90) days after such receipt. Refusal or failure to pay the loss within the time prescribed will entitle the Insured Person to collect interest on the proceeds of the Policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

CIVIL CODE 1250 WAIVER CLAUSE

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act 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.

OTHER INSURANCE

If any loss, damage or legal liability covered under this Policy is also covered by any other insurance, we shall not be liable under this Policy except for any excess beyond the amount payable under such other insurance, provided that the benefit of Accidental Death and Disablement shall not be limited by the foregoing limitation.

GOVERNING LAW

This Policy is subject to the laws of the Philippines and the parties hereto agree to submit to the jurisdiction of the courts of the Philippines.

DISPUTE RESOLUTION

In the event of any dispute which may arise under or in connection with this Policy, whether arising before or after the termination of this Policy, including any determination of the amount of loss, We and the Insured Person agree to participate in a mediation process administered by the Insurance Commission or any recognized mediation institution to resolve such dispute before resorting to arbitration, litigation, or some other dispute resolution procedure. Any mediation process in respect of any claim brought by the Insured Person for loss or damage under this Policy shall be commenced within 30 days after proof of loss is received by Us, and any mediation process must be concluded within 30 days from and after its commencement. In the event that a dispute is not settled through mediation, either party shall have the right to commence a judicial proceeding or, if the parties agree, a binding arbitration proceeding to resolve such dispute. However, such judicial or arbitration proceeding shall not be commenced until at least ninety (90) days after the date the mediation shall have been concluded or terminated.

In the event the dispute is not settled by mediation, and provided that no party has earlier brought the dispute for resolution by a competent court, either party may submit the dispute to a binding arbitration proceeding in accordance with the Rules of Arbitration of the International Chamber of Commerce, in which the arbitration panel shall be composed of three disinterested individuals. In either mediation or arbitration, the mediator(s) or arbitrators shall have knowledge of the legal, corporate management, or insurance issues relevant to the matters in dispute. Any mediation or arbitration and all related proceedings will be conducted in English. If a party submits a document, witness evidence in a language other than English, that party must also submit an accurate English translation of the same. Each party shall bear its own costs and only share equally the common expenses of the mediation or binding arbitration such as the fees to be paid to the mediator or arbitrator and the mediation or arbitration center.

Notwithstanding the pendency of an arbitration proceeding, any aggrieved party may seek an interim or provisional relief, including but not limited to a preliminary injunctive relief or restraint from the appropriate court. This is without prejudice to the right of a party to seek such interim or provisional relief from the arbitral tribunal. Notwithstanding any of the foregoing, in respect of any claim of the Insured Person for loss or damage under this Policy, if no ascertainment of loss is made by the parties through the mediation process and following its conclusion but within 60 days after proof of loss is received by Us, in the event that We will pay the amount of loss or damage claimed by the Insured Person within 90 days after proof of loss is received by Us, the payment shall be without prejudice to any remedy available to Us to recover the amount paid should it be determined thereafter that the claim is not entitled to indemnification under this Policy.

In the alternative, if the dispute is not settled by mediation, either party may bring the proper action before the competent courts in the Philippines, provided that no party has earlier submitted the dispute to binding arbitration.

COMPLIANCE WITH APPLICABLE ECONOMIC AND TRADE SANCTION LAWS

Any benefit or payment under this Policy will only be made in full compliance with all economic or trade sanctions, laws or regulations of any government or jurisdiction, including but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Whenever coverage provided under this Policy would be in violation of any such sanctions, laws or regulations, such coverage shall be null and void ab initio.

Starr International Insurance Philippines Branch

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IN WITNESS WHEREOF, the STARR INTERNATIONAL INSURANCE PHILIPPINES BRANCH has caused this Policy to be executed on its behalf by the undersigned Authorized Representative.

STARR INTERNATIONAL INSURANCE PHILIPPINES BRANCH
TIN # 008 514 896



RODERICK GIL R. NARVACAN
Country Manager, Philippines

Documentary Stamps to the value stated have been affixed and properly cancelled on the Office of this Policy.

IMPORTANT NOTICE

The Insurance Commissioner, with offices in Manila, Cebu, and Davao, is the government official in charge of the faithful execution and enforcement of all laws related to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling controversy between an Insurance Company and Policyholder relating to insurance matters.

<https://www.insurance.gov.ph/>