



COOP LIFE GENERAL INSURANCE AND FINANCIAL SERVICES AGENCY (CLIFSA)

COOP LIFE INSURANCE & MUTUAL BENEFIT SERVICES

CLIMBS Building Tiano – Pacana St., 9000 Cagayan de Oro City, Philippines

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Dear Co-operators;

Once again we are launching our newest program for our cooperative leaders, employees and coop members. This program was conceptualized to answer the usual life hazard we encountered in our daily activities in life.

Our **COOP AKSI PLAN** is an Individual Accident Insurance program designed for the cooperative members and their family as a standard accident insurance protection, with medical reimbursement, murder, and unprovoked assault and hospital income rider.

For a minimum amount, the insured will be covered with insurance arising from accident up to a maximum of P100,000.00 for one year commencing on the effectivity date indicated in the policy. Upon receipt by the company due proof that he has sustain accidental bodily injuries and as a result of such injuries has sustain, within one hundred eighty (180) days from the date of accident causing such injuries, loss in life or dismemberment of body parts, Coop Life will pay to the insured, if living, or his beneficiary, if deceased, the amount specified for such loss in such schedule limited to the principal sum of the coverage.

A yearly renewable policy with premiums paid on an annual basis and accepts applicants aged 18-69 years old. Exit age of 70 years old. **NO CONTESTABILITY CLAUSE.**

| Maximum Benefits at affordable cost; | Bronze | Silver | Gold |
|---|-----------------------|-----------------------|-----------------------|
| ACCIDENTAL DEATH & DISMEMBERMENT | 20,000.00 | 50,000.00 | 100,000.00 |
| UNPROVOKED MURDER & ASSAULT | 10,000.00 | 20,000.00 | 50,000.00 |
| MEDICAL RE-IMBURSEMENT due to accident | 2,000.00 | 5,000.00 | 10,000.00 |
| HOSPITAL INCOME RIDER due to accident | 100.00 per day | 200.00 per day | 300.00 per day |
| Maximum of 7 days per current year | | | |
| ANNUAL PREMIUM | P100.00 | P185.00 | P330.00 |

Accident Death and Disablement Benefit

The policy will pay for deaths caused by accidents and/or up to 100% of a person's accident insurance coverage in case of accidental disablement.

Partial or Permanent and Total Disability Benefit

If a person is rendered partial disabled by an accident, he/she will receive 50% of his total accident insurance coverage. After six months, if he is permanently disabled, final payment of 50% of his total insurance coverage will apply

Accidental Disablement Coverage

If a person suffers an injury or becomes disabled, he/she shall receive a particular amount based on the dismemberment schedule;

SCHEDULE OF PERMANENT DISABLEMENT & DISMEMBERMENT BENEFITS

| DESCRIPTION OF DISABLEMENT | Percentage (%) of the sum specified in the principal benefit |
|---|--|
| 1. Death due to Accident | 100 |
| 2. Loss of two limbs | 100 |
| 3. Loss of both hands, or all fingers and both thumbs | 100 |
| 4. Loss of both feet | 100 |
| 5. Total loss of sight of both eyes | 100 |
| 6. Injuries resulting in being permanently bedridden | 100 |
| 7. Any other injury causing permanent total dismemberment | 100 |
| 8. Loss of arm at or above elbow | 70 |
| 9. Loss of arm between elbow and wrist | 60 |
| 10. Loss of leg at or above knee | 60 |
| 11. Loss of hand | 50 |
| 12. Loss of One foot | 50 |
| 13. Loss of sight of one eye | 50 |
| 14. Loss of hearing – both ears | 50 |
| 15. Loss of four fingers and thumb of one hand | 42.5 |
| 16. Loss of leg below the knee | 40 |
| 17. Loss of four fingers | 35 |
| 18. Loss of hearing – one ear | 25 |
| 19. Loss of thumb | 15 |
| 20. Loss of toes – all of one foot | 15 |
| 21. Loss of index finger | 10 |
| 22. Loss of middle finger | 6 |
| 23. Loss of ring finger | 5 |
| 24. Loss of big toe | 5 |
| 25. Loss of little finger | 4 |
| 26. Loss of metacarpals – first or second (additional) | 3 |
| 27. Loss of metacarpals – third, fourth or fifth (additional) | 2 |
| 28. Loss of any toe other than big toe, each | 1 |

It is understood that loss of any extremity by dismemberment, (i.e., hand, foot, fingers, toe,) refers to actual amputation or severance of said extremity.

The loss of the first joint of the thumb or any other finger or of any toe shall be considered as equal to the loss of one half of the thumb or finger or toe and the benefit shall be one half of the benefit above specified for the loss of the thumb or finger or toe.

Where there is loss of two or more parts of the hand, the percentage payable shall not be more than loss of the whole hand.

Murder and Unprovoked Assault Benefit

The policy will pay up to 50% of the insurance coverage for deaths due to unprovoked murder and/or injury caused by assault.

Medical Reimbursements due to accidental causes

As an added benefit, the policy will reimburse actual medical expenses or injuries sustained from an accident provided that the treatment begins within 30 days from the date of the accident. The amount of medical reimbursement coverage is equivalent to 10% of the accident insurance with a maximum of P 10,000.00. This value-added option, when paid, is not deductible from the amount of accident insurance.

Hospital Income Rider due to accidental causes

It provides benefit in the form of hospital daily income if the policy holder confined in the hospital maximum of 7 days per current year.

COOP AKSI PLAN CLAIM REQUIREMENTS

In case of loss, please notify our office Coop Life General Insurance & Financial Services Agency (CLIFSA) or any CLIMBS area offices and submit the following:

Accidental Death /Unprovoked Murder & Assault

- Fully accomplished Attending Physician's Statement (original copy)
- Photocopy of Certificate of Insurance
- Death Certificate (Duly authenticated from Registry of Deeds)
- Autopsy Report (if any)
- Police Report / Affidavit of Witness
- Photograph / Newspaper clipping (if any)
- Proof of relationship to beneficiary (Birth certificate/Marriage contract)

Accident Medical Reimbursement & hospital Income Rider Benefits

If confined in a hospital: (all original copies)

- Fully accomplished Attending Physician's Statement
- Photocopy of Certificate of Insurance
- Hospital bill/ Statement of Account (itemized charges)
- Official Receipts as proof of payment of the hospital bill & professional fees (original copy)
- Medical/pharmacy receipts (with doctor's prescriptions for medicines bought outside)
- Police Report (vehicular accident)/ Affidavit of Witness

If Out-patient (all original copies)

- Fully accomplished Accident Proof of Loss Form
- Fully accomplished Attending Physician's Statement
- Photocopy of Certificate of Insurance
- Medical/pharmacy receipts (with doctor's prescription for medicines bought)
- If there is an official receipt issued by the hospital/clinic as payment for medicines & hospital expense/doctor's fees, it must be supported with a hospital bill (itemized charges)
- Official Receipts (original copy)
- Police Report (vehicular accident)/ Affidavit of Witness

NOTE: Failure to submit ANY of the enumerated documents may delay processing/payment of your claims

Time for Filing Proof of Loss

Written notice of injury on which claim may be based must be given to CLIFSA / CLIMBS within **30 days** after the date of injury.

We hope that this program will enhance your social program of your cooperative members and employees.

Cooperatively your,

MR. NOEL D. RABOY, EMBA
CLIFSA General Manager