



TIN: 004-661-494

PRU LIFE INSURANCE CORPORATION OF U.K.

(Herein called the INSURER)

HEREBY ISSUES this GROUP PERSONAL ACCIDENT
INSURANCE POLICY

to

PULSE ECOSYSTEMS PTE LTD.

(Herein called the POLICYHOLDER)

With address at

9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio,
1634 Taguig City, Metro Manila, Philippines

GROUP POLICY NO.	:	68000379
POLICY EFFECTIVITY DATE	:	
PREMIUM DUE DATES	:	
BENEFITS	:	· Accidental Death and Disablement/Dismemberment · Burial Benefit
RIDERS	:	None
PARTICIPATION REQUIREMENT	:	100%
ELIGIBILITY CONDITIONS	:	Pulse Member (Refer to the Eligibility section)
FUNDING TYPE	:	Non-Contributory

AND AGREES, subject to all terms and conditions appearing on this Policy, to pay the Life Assured or his/her beneficiaries, as applicable, the benefits provided under this Policy upon the occurrence of the event upon which such benefits become payable while this Policy and the Life Assured's Proof of Cover (Policy Benefits) are in force, subject to the conditions stated herein, and provided premiums are paid when due and payable.

THIS POLICY is issued in consideration of the Policyholder's application, a copy of which is attached hereto and made a part hereof, the individual application of the Life Assured (as indicated in the Policy Info page, and includes the Declaration of Understanding, Data Privacy Statement, and Designated Beneficiary form, as applicable) and the payment by the Policyholder of the premiums stated herein on behalf of each Life Assured, and shall take effect on the Policy Effectivity Date as herein provided. The first premium is due and payable on the Policy Effectivity Date, and thereafter, while the Policy continues to be in force, subsequent premiums are due and payable on the above provided premium due dates.

THIS POLICY and the conditions and provisions in this and the following pages, including any endorsements or riders included upon issuance or added thereafter, are part of this POLICY.

IN WITNESS WHEREOF, the INSURER has caused the Policy to be executed at Taguig City, Philippines, as of the Policy Effectivity Date indicated above.

NON-PARTICIPATING



Samuel P. Balbin

Vice President and Head of Life Operations

Documentary stamps valued at Php _____ have been affixed.

Examined by: _____

These are the amounts payable when the Life Assured suffers either death or the loss of use or dismemberment of certain parts of the body due to an Accident.

Benefits

PART I. ACCIDENTAL DEATH AND DISABLEMENT / DISMEMBERMENT

In the event the Life Assured sustains bodily injury due to an Accident which results in any of the following losses within 180 days from occurrence of the Accident, and upon receipt and approval by the Insurer of a written notice of claim and due proof, the Insurer shall pay a percentage of the Policy's Sum Assured, as stated in the Life Assured's Proof of Cover, in accordance with the following Table of Coverage:

Table of Coverage	
DEATH	100% of Sum Assured
Total, Permanent and Irrecoverable Loss of:	
BOTH HANDS	100% of Sum Assured
BOTH FEET	100% of Sum Assured
ONE HAND AND ONE FOOT	100% of Sum Assured
ONE HAND	50% of Sum Assured
ARM BETWEEN ELBOW AND WRIST	60% of Sum Assured
ARM AT OR ABOVE BELOW	70% of Sum Assured
ONE FOOT	50% of Sum Assured
LEG BELOW KNEE	60% of Sum Assured
LEG AT OR ABOVE KNEE	70% of Sum Assured
SIGHT OF BOTH EYES	100% of Sum Assured
SIGHT OF ONE EYE	50% of Sum Assured
LOSS OF SPEECH	100% of Sum Assured
HEARING IN BOTH EARS	100% of Sum Assured
HEARING IN ONE EAR	50% of Sum Assured
THUMB	15% of Sum Assured
INDEX FINGER	10% of Sum Assured
MIDDLE FINGER	6% of Sum Assured
RING FINGER	5% of Sum Assured
LITTLE FINGER	4% of Sum Assured
FIRST OR SECOND METACARPAL	3% of Sum Assured
THIRD, FOURTH, OR FIFTH METACARPAL	2% of Sum Assured
LOSS OF TOES ALL OF ONE FOOT	25% of Sum Assured

Table of Coverage	
LOSS OF GREAT TOE	5% of Sum Assured
LOSS OF OTHER THAN GREAT TOE, EACH TOE	1% of Sum Assured
FRACTURED LEG OR PATELLA WITH ESTABLISHED NON-UNION	10% of Sum Assured
SHORTENING OF LEG BY AT LEAST 5 CM.	7.5% of Sum Assured

The accidental dismemberment or loss of use of the first joint of any finger or 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 the specified for the 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 Sum Assured 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 Sum Assured payable for accidental dismemberment or loss of use is not specified in the Table of Coverage, the Insurer will adopt a percentage of Sum Assured which is consistent with the percentages in the Table.

This benefit is payable when the Life Assured survives the Accident but becomes disabled.

PART II. ACCIDENTAL TOTAL AND PERMANENT DISABILITY BENEFIT (OPTIONAL)

When, as a result of an injury and commencing within 180 days after the date of the Accident, the Life Assured 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, the Insurer shall pay to the Life Assured the applicable Sum Assured indicated in his Proof of Cover.

Disability shall be deemed to be total and permanent when the Life Assured is prevented from engaging in any occupation or from performing any work for compensation or profit, and when such disability is present and has existed continuously for not less than six (6) consecutive months.

When the Life Assured incurs medical expenses due to his injuries, this benefit is payable.

PART III. ACCIDENTAL MEDICAL EXPENSE REIMBURSEMENT (OPTIONAL)

If the Life Assured incurs inpatient and outpatient medical expenses for injuries due to an Accident, the Insurer will indemnify the Life Assured the medical expenses incurred up to the amount of the Sum Assured specified in the Life Assured's Proof of Cover in respect of each Accident.

Inpatient and outpatient medical expenses shall include expenditures incurred within 30 days from the date of occurrence of the Accident in respect of medical or surgical treatment by a physician or in connection with confinement in a registered or government hospital, including medication, first aid treatment, application of dressing, examination by X-ray, use of an operating room and/or an ambulance for the administration of medicine or anesthetic as prescribed by a qualified medical practitioner.

When the injury results in the hospitalization / confinement of the Life Assured, the Hospital Income benefit is payable for each day of the confinement.

PART IV. HOSPITAL INCOME BENEFIT (OPTIONAL)

In the event that the Life Assured sustains bodily injury due to an Accident resulting in the Life Assured requiring medical treatment by a physician and requiring confinement in a registered private or government hospital, a hospital income benefit equivalent to the daily Sum Assured indicated in the Life Assured's Proof of Cover shall be payable for each day that the Life Assured is confined, but not exceeding 30 days per Accident.

Confinement is deemed to have taken place when the Life Assured is admitted in a hospital as an in-patient for 12 hours or more. Confinement days shall mean the number of days for which room and board charges have been imposed by the hospital in connection with confinement. The term "hospital" is defined as a licensed, lawfully operated institution which is engaged primarily in providing medical care and treatment to sick and injured persons on an in-patient basis and which provides 24-hour nursing service and facilities for diagnosis and major surgery. It does not include any of the following: private clinic, maternity home, rest home, long-term nursing care facility, home for the aged, any facility which primarily provides remedial, rehabilitative or convalescent care, and any facility primarily for the confinement or treatment of drug abuse, addiction or alcoholism.

This benefit is payable in the event of death or injury of the Life Assured due to extreme sports, as applicable.

PART V. DANGEROUS SPORTS COVERAGE (WHERE APPLICABLE)

If the Life Assured incurs bodily injuries or dies due to an Accident while participating as an amateur in dangerous sports (such as but not limited to bungee jumping, martial arts, skateboarding, rollerblading, hang-gliding, windsurfing, mountaineering, rock climbing, or bicycle racing) the Insurer shall pay the applicable Sum Assured specified in the Life Assured's Proof of Cover.

If the Life Assured (who is a minor) dies in an Accident while participating in a school-sponsored field trip or excursion, this benefit is payable.

PART VI. FIELD TRIP COVERAGE (WHERE APPLICABLE)

If the minor Life Assured dies due to an Accident during a school-sponsored field trip, the Insurer will pay the applicable Sum Assured specified in the Life Assured's Proof of Cover.

A school-sponsored field trip is one organized by the school where the minor Life Assured is a student as part of the school curricula, whether it is financed by the school or by the students/parents.

This benefit is payable when the Life Assured dies due to an Accident while travelling as a passenger.

PART VII. DOUBLE INDEMNITY BENEFIT (WHERE APPLICABLE)

This benefit shall be paid if the Life Assured dies due to an Accident while travelling as a ticketed or officially listed passenger in a commercial bus, automobile, train, monorail, boat or airplane over an established land, sea or air route.

This is a cash benefit paid in the event of natural death.

PART VIII. BURIAL BENEFIT

In case the Life Assured dies due to natural means (such as illness, stroke, coronary artery disease) and not due to an Accident as defined in this Policy, the applicable Sum Assured indicated in the Life Assured's Proof of Cover shall be paid.

This benefit is payable in case of murder or attempted murder of the Life Assured.

PART IX. MURDER AND ASSAULT BENEFIT (OPTIONAL)

In case of the murder of the Life Assured or any attempt thereof, the Insurer's liability for any loss under any benefit stated in the Table of Coverage in Part I shall be 50% of the benefit but not to exceed Php1,000,000.

These are the maximum amounts of the benefits that can be paid in case of death, injury, and disability.

COVERAGE LIMITATIONS

In any Policy Year, the aggregate benefits payable under Parts I and II (Accidental Death and Disablement/Dismemberment, and Accidental Total and Permanent Disability) of this Policy in respect of any one Accident resulting in any and all losses within 180 days from date of the Accident shall not exceed the Sum Assured.

In any Policy Year, the aggregate benefits payable under Parts I and II (Accidental Death and Disablement/Dismemberment, and Accidental Total and Permanent Disability) of this Policy in respect of one or more Accidents resulting in such losses within 180 days from date of occurrence of each Accident shall not exceed the Sum Assured. However, notwithstanding the payment of the Sum Assured for said losses, the Insurer will still pay the Sum Assured if the Life Assured dies due to an unrelated Accident while this Policy is in force.

DEFINITIONS

Accident	means any unintentional act or unforeseen, unusual or unexpected event which directly causes an injury.
Affinity Group	refers to a group whose members have a commonality other than employment and whose members are not its employees, such as, but not limited to, depositors or borrowers of banks or lending companies, passengers of transportation operators, members of professional associations, cardholders of credit card companies, members of employees' welfare associations, or beneficial owners of a trust handled by a trustee. In the Affinity Group, the policyholder is the association, trustee, union, or other organization to which an individual Life Assured must belong or be associated with to be insured.
Member	as used in this Policy means any person who is eligible, enrolled and insured for the insurance benefit provided for members under this Policy and is part of the Affinity Group.
Life Assured	shall be deemed to include the term "Member"
Insurance Age	means that age of a Life Assured on his last birthday.
Policy Year	means a period of 12 months from the Policy Effectivity Date of this benefit or an anniversary thereof, as shown in the Proof of Cover.
Application	means the Master Application Form and the schedule set forth thereon, as well as the individual application form (as indicated in the Policy Info page, as applicable) accomplished by the Members which are attached hereto and which form a part of this Policy.
Injury	means bodily injury which <ol style="list-style-type: none">(a) is sustained while this Policy is in force; and(b) is caused solely by Accident 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.

Homicide	shall refer to its technical meaning provided in Article 249 of the Revised Penal Code or any amendment thereof.
Murder	shall refer to its technical meaning provided in Article 248 of the Revised Penal Code or any amendment thereof.
Assault	means the use of force against another resulting in harmful contact.
Sum Assured	means the amount, in the currency stipulated, corresponding to the Life Assured stated in the Proof of Cover or any relevant endorsement.
Dismemberment	means complete and permanent severance of any of the following as specified below: <ul style="list-style-type: none"> • Hand – at the wrist • Arm between elbow and wrist – above the wrist joint and below the elbow joint • Arm at or above elbow – at or above the elbow joint • Foot – at the ankle joint • Leg below knee – above the ankle joint and below the knee joint • Leg at or above knee – at or above the knee joint • Fingers – through or above the metacarpo-phalangeal joints • Toes – through or above the metatarso-phalangeal joints
Loss of Use	means the complete and permanent inability of the Life Assured to move or perform an action for which his/her 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 neurobiological damage.
Loss of Sight	means permanent, irrevocable and irreversible loss of visual acuity of more than 80%, as certified by an ophthalmologist's report.
Loss of Hearing	means permanent, irrevocable 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, irrevocable and irreversible: <ul style="list-style-type: none"> (A) total loss or damage of vocal cord or its adjacent organs as confirmed by a certified ENT specialist; or (B) damage of the speech center in the brain resulting in Aphasia as confirmed by a certified neurologist and must be established for a continuous period of six (6) months from the date of the Accident. <p>All psychiatric-related causes are excluded.</p>
Physician	means a person legally licensed to practice medicine and/or surgery other than the Life Assured or a member of the Life Assured's immediate family.

Benefits are not payable under these conditions.

EXCLUSIONS

The Insurer will not pay any benefit under this Policy for injury caused directly or indirectly, wholly or partly:

- By intentional self-inflicted injury, or suicide or any attempt thereat, subject to Section 27 (Suicide) of the Policy;
- By war, invasion, act of foreign enemy, hostilities or warlike operations (whether war is 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;
- By any weapon or instrument employing atomic fission, thermonuclear fusion or any form of radiation, whether in time of peace or war;
- By congenital anomalies and conditions arising therefrom;
- By pregnancy and resulting childbirth, miscarriage or abortion;
- By cosmetic or plastic surgery, except if necessary solely as a result of injury;
- While the Life Assured is in active service in the armed forces of any country or any international authority. In such an event, upon written notification by the Life Assured, the Insurer shall return the pro-rata premium for any such period of service;
- While in any attempted commission of, or willful participation by the Life Assured in any crime punishable under any prevailing law or ordinance of the Philippines or of any country in which the crime was attempted;
- While resisting lawful arrest;
- While entering, leaving, operating, servicing, or being in, on, or about any aerial or submarine device or conveyance, except as specifically provided herein;
- By medical and surgical treatment except as may be necessary solely as a result of injury;
- By dental care or surgery except to natural teeth if necessitated solely by injury;
- By alcoholism or drug addiction;
- While under the influence of alcohol or unprescribed drugs;
- By disease, bacterial infection or out of or consequent upon or contributed to by Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
- By hernia, ptomaine, or other bacterial infections which are not pyogenic infections, occurring at the same time with or because of any accidental cut or wound;
- By circumcision, sterilization, artificial insemination, sex transformation, diagnosis and treatment of infertility;
- By mental or nervous disorders or psychiatric related causes;
- By poison, gas or fumes voluntarily or involuntary taken;
- Unless covered by Dangerous Sports Coverage, by automobile and motorcycle racing, judo, karate, and similar martial arts, scuba diving, hang-gliding, sky diving, bungee jumping and any other dangerous sport;
- by homicide or any attempt thereof, or physical injuries, occasioned by a provocation from the Life Assured;
- While the Life Assured is driving or riding a motorcycle as a passenger, except when such is part of his employment or profession, as declared in his application form (as indicated in the Policy Info page, as applicable).

PROVISIONS FOR MEMBERS

1. ELIGIBILITY

Classification of Eligible Members	Eligibility Date
New PULSE PRUShoppe customers	Coverage Start Date as shown in the Policy Benefits page.

2. MINIMUM PARTICIPATION REQUIREMENT

The minimum participation rate is 100%.

3. CLASSIFICATION

No person shall be eligible for coverage in more than one classification.

4. ENROLLMENT

Written enrollment or online enrollment on online forms satisfactory to the Insurer, is required for each eligible person in respect of whom an application for insurance under this Policy is being made.

5. EFFECTIVITY DATE OF A MEMBER'S INSURANCE

Subject to the Effective Date Proviso below, the insurance for an enrolled person shall become effective on the latest of:

- (a) the Policy Effectivity Date;
- (b) the date he/she becomes eligible;
- (c) the date of enrollment;
- (d) the date of approval by the Company at its office of evidence of his/her insurability, if required by the Company; or
- (e) in the case of a benefit added to this Policy at a date later than the Policy Effectivity Date, the Effectivity Date of the said benefit.

6. EFFECTIVITY DATE PROVISION

The insurance of any eligible Life Assured shall take effect on said effectivity date provided he/she is an eligible member of the Affinity Group and has paid the first modal premium, as applicable. Subject further to the provisions of the Evidence of Insurability section, the insurance of any eligible person shall take effect on the date such evidence of insurability is approved by the Insurer. Notwithstanding the foregoing provisions, no insurance shall take effect unless and until the corresponding premiums have been paid to the Insurer.

7. CONTRIBUTIONS FROM MEMBERS

The Life Assured/Member under this Policy will pay 0% of the premium.

8. ADDITION OF NEW MEMBER

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

9. INSURANCE CLASSIFICATION

If more than one classification is designated in this Policy, the Member shall be insured for the benefits applicable to his/her classification on the effectivity date of his insurance. Thereafter, any increase in the amount of the Member's insurance due to a change in his classification will take effect automatically on the date his class changes, provided he is then an eligible member of the Affinity Group. Any decrease in the amount of the Member's insurance due to any change in his application will take effect automatically on the date his class changes.

The Policyholder shall notify the Insurer of all such changes in classification within one month after the date his/her classification was changed and the Policyholder shall pay the required premiums for the revised insurance resulting from any change in classification. If individual contributions are required under the Policy, the Policyholder shall make the necessary adjustment in such contributions with respect to all Members affected by a change in classification.

10. EVIDENCE OF INSURABILITY

The following shall be required to submit evidence of insurability satisfactory to the Insurer:

- (a) Any person whose insurance age on his/her eligibility is over sixty five (65) years old.
- (b) Any person whose application for insurance is submitted to and received by the Insurer after thirty one (31) days from his/her eligibility date.
- (c) Any person whose initial and/or additional amount of insurance is in excess of One Million Pesos (Php 1,000,000.00).

The insurance of an individual required to submit evidence of insurability shall take effect on the date such evidence is approved by the Insurer subject, however, to the conditions stated herein.

When does the coverage end?

11. TERMINATION OF INDIVIDUAL INSURANCE

The insurance of a Member shall automatically terminate on the earliest of the following dates:

- (a) the date this Policy terminates;
- (b) the date the Life Assured ceases to be eligible for coverage under the Policy and/or ceases to be a Member of the Affinity Group;
- (c) the date he/she enters into any military service, whether ground, naval, or air service or any non-combatant unit auxiliary to said military service of any country at war, whether or not such was declared;
- (d) the date he attains his/her 65th birthday, whichever comes first.
- (e) upon receipt by the Insurer, through the Policyholder, of the Member's written request for termination.

Termination of insurance for any cause shall be without prejudice to any claim arising prior to the effective date of termination.

12. INSURANCE BENEFITS

The insurance benefit for each Member shall be in accordance with the classification, the maximum amount payable, and the limits applicable as set forth in the Proof of Cover.

13. FREE LOOK PERIOD (WHERE APPLICABLE)

For products offered through the Pulse app (“Pulse”) or other digital channels, the Life Assured has the right to examine and cancel his/her insurance coverage under the Policy within fifteen (15) days from the date of receipt of the Proof of Cover (“Free Look Period”).

The Insurer will send an email to the Life Assured’s email address on record with a link to the Policy and the Proof of Cover, which will be available in Pulse via PRUServices. The date that this email is sent shall be considered as the Policy Receipt Date and the 15-day Free Look Period will begin on this date. The Life Assured will not receive a printed copy of the Policy and may instead view the policy documents via PRUServices.

If the Life Assured requests for the cancellation of his/her insurance coverage within the Free Look Period, the Insurer will refund the premium paid pertaining to his/her insurance coverage under the Policy in full upon completion of the processing of the cancellation request. All obligations and liabilities of the Insurer under the Policy as to the Life Assured will end immediately upon cancellation of the insurance coverage.

GENERAL PROVISIONS

1. INSURING CLAUSE

Upon receipt by the Insurer of due proof of claim in accordance with Section 10 of these General Provisions, the Insurer shall pay the applicable benefit amount set forth in the Proof of Cover, subject to applicable limits, to the beneficiary specified in Section 14 of these General Provisions.

What happens when the Policyholder does not pay the premiums on the due date?

2. GRACE PERIOD

A grace period of thirty-one (31) days, without interest charge, shall be allowed for the payment of every premium after the first. During the grace period, this Policy shall remain in force, except that if the Policyholder shall give the Insurer written notice in advance of an earlier date of termination, this Policy shall terminate on such earlier date. The Policyholder shall be liable to the Insurer for the payment of the pro rata premium for the period that this Policy was in force during the grace period.

Up to what extent can the Insurer contest the Policy?

3. INCONTESTABILITY

Except for non-payment of premiums or any other grounds recognized by law and jurisprudence, the Insurer cannot contest the validity of this Policy after it has been in force for two (2) years from the Policy Effectivity Date or date of approval of last reinstatement, whichever date is later. Except for non-payment of premiums or any other grounds recognized by law and jurisprudence, the Insurer cannot contest the validity of insurance on any Member after it has been in force for two (2) years from the effective date, as shown in the Proof of Cover, or date of approval of last reinstatement, whichever date is later.

4. DATA REQUIRED

The Policyholder shall furnish promptly in writing on forms satisfactory to the Insurer all notices and information required for the efficient administration of the insurance under the Policy, including (1) notice of all persons becoming insured together with information as to each necessary to determine the age, amount of insurance, effective date of insurance and name and relationship of the beneficiary, if any; (2) the name and termination date of each person insured whose insurance terminates, except in the case of the termination of the Policy or termination of insurance with

respect to a Sub-Group, if any; and (3) notice of changes in the insurance classification of persons insured. All documents furnished to the Policyholder by a Member in connection with the insurance, together with such other records as may have bearing on the insurance under the Policy, shall be open for inspection by the Insurer at all reasonable times.

What constitutes the Policy?

5. ENTIRE CONTRACT

The Insurer issues this Policy in consideration of the application of the Policyholder and the receipt of its initial premium. This Policy, the application of the Policyholder, a copy of which is attached, the individual application form (as indicated in the Policy Info page, and includes the Declaration of Understanding, Data Privacy Statement, and Designated Beneficiary form, as applicable), if any, of the Members and all endorsements, if any, constitute the entire contract.

Only the President, Executive Vice President, or officers duly authorized in writing by the Board of Directors of the Insurer have the authority to modify this contract. Any such modification must be in writing and duly signed by the authorized officer.

6. AVAILABILITY OF GROUP PERSONAL ACCIDENT INSURANCE POLICY

The Group Personal Accident Insurance Policy is in the possession of the Policyholder and may be inspected, read or copied at any time during business/office hours at the office of the Policyholder, or through the designated digital channels.

7. PROOF OF COVER (POLICY BENEFITS)

The Insurer will issue to the Policyholder, for each Member, a Policy Benefits document setting forth a summary of the essential features of the insurance coverage and other privileges to which such Member is entitled. This Policy Benefits document and the corresponding benefits will not constitute a contract between the Member and the Insurer. The Policy Benefits document may be issued through designated digital channels or through a physical copy.

When is the Policy effective?

8. EFFECTIVITY OF THE POLICY AND POLICY DATE

This Policy becomes effective only upon the payment of its initial premium and upon delivery of the Policy to the Policyholder. The Policy Effectivity Date will be used to determine premium due dates, Policy Years and Policy Anniversaries.

What happens when the renewal premium is paid?

9. RENEWAL CONDITIONS

This Policy may be renewed for further consecutive periods by the payment of premium on the effectivity date of the renewal at the Insurer's premium rate in force at the time of renewal, subject to the Insurer's right to decline renewal of this Policy on any anniversary date of the Policy upon giving forty-five (45) days prior written notice of the Insurer's intention not to renew the Policy or to condition its renewal upon reduction of limits, increase in premium, or elimination of coverage, mailed or delivered to the Policyholder at the address indicated in its application. The Insurer's acceptance of premiums shall constitute its consent to the renewal of the Policy. Unless renewed as herein provided, the Policy shall terminate at the expiration of the grace period for any premium not paid when due.

When an Accident occurs, when should the Insurer be notified?

10. NOTICE AND PROOF OF CLAIM

The Insurer must be given written notice of claim within (30) days after the date of the Accident causing the injury, and immediately in case of death.

Satisfactory proof of loss must be filed at any of the Insurer's offices or through its designated channels within (90) days after the date of the Accident.

Failure to furnish such notice and proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give such notice and proof within such time.

When considering a claim under this Policy, the Insurer shall have the right to examine the Life Assured when reasonably required while claim is being processed and during the entire period that the Insurer is liable for the benefit under this Policy. In case of death, the Insurer shall have the right to require due proof that the death occurred according to the terms of this Policy and to examine the body of the Life Assured and make an autopsy unless forbidden by law.

What happens when the age declared is incorrect?

11. MISSTATEMENT OF AGE

If the age of the Life Assured has been misstated, the Sum Assured will be adjusted to the amount which the premium would have purchased at the correct age, applicable risk class and applicable premium rates as of the Policy Effectivity Date.

If at the correct age, the Life Assured is not eligible for any coverage under this Policy, the Insurer will refund the corresponding premiums actually received by the Insurer.

Until what age is an applicant acceptable?

12. AGE LIMITATION

If at the Coverage Start Date of the individual coverage, the age of the Life Assured at his nearest birthday is more than sixty-five (65) years, the individual coverage shall be void and the Insurer shall be liable only for the return of the premiums actually paid.

13. POLICY STATEMENT

Settlement options other than lump sum are available upon written application to the Insurer.

14. BENEFICIARY

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

- a) Legal Spouse
- b) Children
- c) Parents
- d) Brothers and Sisters
- e) Life Assured's Estate

An affidavit, signed by any individual belonging to the first surviving class of beneficiaries described in items (b), (c) or (d) above, stating the names and addresses of the persons belonging to such class, shall be sufficient proof to the Insurer that the person or persons so named are the sole survivors of such class.

If there are two (2) or more beneficiaries entitled to the proceeds in the same class, the proceeds shall be shared equally. Any payment made by the Insurer in good faith pursuant to this provision shall fully discharge the Insurer to the extent of the payment.

How can you change your beneficiaries?

15. CONSENT OF BENEFICIARY

Unless irrevocably designated, the consent of the Beneficiary, if any, shall not be required for the surrender or assignment of this Policy or to change beneficiaries or to effect any other changes in this Policy.

No change in this Policy shall bind the Insurer unless a written request in a form satisfactory to the Insurer is filed at any of the Insurer's offices or through the designated digital channels, and recorded and approved by the Insurer.

How and when should the Policyholder pay premiums?

16. PAYMENT OF PREMIUMS

All premiums are payable at the Insurer's Head Office, other duly designated offices, duly authorized agents, or through designated payment channels.

The mode of premium payments is as stated in the Master Application for this Policy unless changed subject to the rules in effect at the time of such change.

The Insurer shall issue a receipt for each premium payment made to the Policyholder. Premium adjustments shall be made as mutually agreed upon by the Policyholder and the Insurer. Any premium adjustment involving the return of unearned premiums to the Policyholder shall be limited to the period of 12 months immediately preceding the date of receipt by the Insurer of evidence that such adjustments should be made.

17. LIMITATION OF ACTION

No legal action on this Policy may be filed after five (5) years from the time the cause of action accrues. The venue of legal action on this Policy must not be limited to its place of issue.

Can this Policy be assigned?

18. ASSIGNMENT

No assignment of interest under this Policy shall be binding upon the Insurer unless and until duly received and recorded by the Insurer. The Insurer does not assume any responsibility for the effect, sufficiency, authenticity, or validity of any assignment.

19. CURRENCY

All amounts of money payable under this Policy are in the legal currency of the Philippines.

The provision 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 or the currency at the time of establishment of the obligation shall be the basis of payment.”

is understood and agreed not to apply in determining the extent of any liability of the Insurer in this Policy.

The Insurer may cancel this Policy due to certain conditions.

20. CANCELLATION

The Policy shall not be cancelled by or on behalf of the Insurer except upon written notice to the Policyholder and on the following grounds:

- a) conviction of a crime arising out of acts increasing the hazard insured against;
- b) discovery of fraud or material misrepresentation;
- c) determination by the Insurance Commissioner that the continuation of the Policy would violate or would place the Insurer in violation of the Insurance Code; and
- d) non-payment of premiums after the grace period has expired.

The Policyholder shall have the duty of informing its Members of the cancellation.

In the event of cancellation, the Insurer shall refund any unearned premiums to the Life Assured.

This Policy may be canceled by the Policyholder upon written request. An individual Member may also cancel his coverage under the Policy upon his written request. Any such cancellation shall be subject to the succeeding provision on the Short Period Rate Scale.

What happens if the Policyholder cancels this Policy?

21. SHORT PERIOD RATE SCALE

If the Policyholder cancels this Policy, notice of which must also be in writing, the earned premiums to be retained by the Insurer shall be computed as the total basic annual premium multiplied by the applicable percentage indicated below:

2 months (minimum)	65%
3 months	70%
4 months	75%
5 months	80%
6 months	85%
Over 6 months	100%

The above short period rate scale shall likewise apply to earned premiums to be retained by the Insurer if a Member cancels his coverage under the Policy.

What happens if the Life Assured changes his occupation?

22. CHANGE OF OCCUPATION

If the Life Assured sustains a loss after having changed his occupation to one classified by the Insurer as more hazardous than that stated in the individual application while doing, for compensation, anything pertaining to an occupation so classified, the Insurer will pay only such portion of the benefits provided in this Policy as the premium paid would have purchased at the rates and within the limits fixed by the Insurer for such more hazardous occupation.

If the Life Assured changes his occupation to one classified by the Insurer as less hazardous than that stated in the individual Application, the Insurer, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess prorated 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 more recent.

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

When does the coverage end?

23. TERMINATION OF POLICY

This Policy shall automatically terminate on the earlier of the following dates:

- (a) The date the premium falls due if written notice that the Policy will not be renewed is given to the Insurer by the Policyholder on or before said due date;
- (b) The receipt by the Insurer of the Policyholder's written notice to terminate or cancel this Policy, if such notice is given during the grace period;
- (c) The date next following the end of the grace period if the premium is not paid;
- (d) The date of the receipt by the Policyholder of the Insurer's written notice of cancellation or termination when the number of individuals insured falls below the minimum participation requirements.

Termination of this Policy shall be without prejudice to any claim arising prior to the effective date of termination.

In case of the termination or cancellation of the Policy, the Insurer shall send a notice of termination or cancellation that shall contain an advice to the Policyholder to inform its Members with active coverage of the termination or cancellation of the Policy.

Can this Policy be reinstated?

24. REINSTATEMENT

If premiums on this Policy are payable more frequently than annually and this Policy terminates by reason of non-payment of any such premium, any subsequent acceptance by the Insurer of premiums in the currency stipulated in this Policy shall constitute its reinstatement but shall only cover losses resulting from injuries sustained after the date of such reinstatement.

When will the Insurer pay a claim?

25. SETTLEMENT OF CLAIM

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

Does the Policy earn cash value?

26. NO CASH VALUE & NON-PARTICIPATION

This Policy does not earn any cash value nor share in the Insurer's surplus earnings.

Special cases and conditions

27. DISAPPEARANCE

If the Life Assured disappears and is not found within one (1) year after the date of his disappearance or, if applicable, the sinking or wrecking of the aircraft or other conveyance, either on the ground or at sea, in which the Life Assured was travelling at the time of disappearance, it will be presumed that the Life Assured died due to an Accident covered by this Policy at the time of disappearance. If, after the settlement of claims, the Life Assured shall be found to be alive, all amounts so paid shall be refunded to the Insurer.

28. SUICIDE

Suicide by the Life Assured while this Policy is in force shall not be compensable. However, suicide committed in a state of insanity shall be compensable regardless of date of commission.

In case of suicide by the Life Assured from the effective date of any increase in Sum Assured, the increase in Sum Assured shall not be payable unless suicide was committed in a state of insanity.

Where the suicide is not compensable, the liability of the Insurer is limited to the refund of the premiums actually received by the Insurer for the account of the Life Assured, less any indebtedness on the account of the Life Assured under the Policy.

29. LEGAL PROCEEDINGS

Unless the claim has been rejected, 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 claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of the time within which proof of claim is required to be submitted under this Policy.

30. CLERICAL ERROR

Clerical errors in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. If the age or date of birth or other relevant facts relating to the Life Assured shall be found to have been misstated and if such misstatement affects the amount of insurance or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount, and an equitable adjustment of premiums shall be made.

IMPORTANT NOTICE

1. The terms and conditions of this Policy should be read carefully. If there are any questions or concerns, please contact the Insurer via <https://www.prulifeuk.com.ph/en/contact-us/> or through a written request to its Head Office at the following address:

PRULIFE INSURANCE CORPPORATION OF U.K.
9/F Uptown Place Tower 1,
1 East 11th Drive,
1634 Taguig City, Metro Manila,
Philippines

2. The Insurance Commission, with 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 insurance companies. It is ready at all times to render assistance in settling any controversy between an Insurer and a policyholder relating to insurance matters. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) at the Insurance Commission at 1071 United Nations Avenue, Manila with the telephone numbers +632-85238461 to 70 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

8/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Philippines
Office trunklines: (632) 8683 9000, (632) 8884 8484
Customer helpdesk: (632) 8887 LIFE within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Established in 1996, Pru Life UK is the pioneer of insuravest, or investment-linked life insurance products, in the Philippines and is one of the first life insurance companies approved to distribute US dollar-denominated investment-linked life insurance policies in the country. Since its establishment, Pru Life UK has expanded its reach to over 190 branches in the Philippines, with the biggest life agency force of more than 35,000 licensed agents. The company ranked first (1st) among the country's life insurers based on the Insurance Commission's FY 2020 rankings in terms of new business annual premium equivalent. Pru Life UK is headquartered in Uptown Bonifacio, Taguig City. Pru Life UK and Prudential plc are not affiliated with Prudential Financial, Inc. of the United States, Prudential Assurance Company (a subsidiary of M&G plc, a company incorporated in the United Kingdom), Philippine Prudential Life Insurance Company, Prudential Life Plans, Inc. or Prudential Guarantee and Assurance, Inc. (all Philippine-registered companies). Pru Life UK is a life insurance company and is not engaged in the business of selling pre-need plans.