

## **General Conditions**

### **ITEM 1 - ELIGIBILITY**

To receive cover under this policy, you must meet the following qualifying conditions on the start date:

1. You are in term of 1 day old and not more than seventy (70) years old.
2. You live in the Philippines and have not lived outside the Philippines for more than 3 consecutive months in any 12 months.
3. You are in good health, with no pre-existing conditions, and are not aware of any future need for investigations or treatment.
4. You are currently not taking or awaiting the results of any medical tests.

In addition to these criteria, you must also disclose to us any material facts or information that is likely to influence us in the acceptance and assessment of an application. It is your responsibility to provide complete and accurate information to us when you sign up your policy and throughout the life of your policy.

Please note that if you fail to disclose any material fact or information to us, this could invalidate your policy and could mean that part or all of a claim may not be paid. We recommend you keep a record (including copies of letters) of all information provided to us for your future reference.

Changes to your personal details

If any of your personal details change, please let us know. We will always send information to the address you originally provided us with unless you tell us of the detail change.

Please let us know if any of the following change: Home address, Civil Status, Change of name for any reason.

### **ITEM 2 - BENEFITS**

We will pay a lump sum if you are diagnosed with Dengue Fever following your diagnosis by an officially licensed Doctor or hospital.

Dengue Fever is a mosquito-borne tropical disease caused by the dengue virus resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome.

### **ITEM 3 - EXCLUSIONS**

We will not pay special illness benefits for any special illness arising from or in connection with any of the following:

1. Any pre-existing condition other coronary syndromes including but not limited to angina
2. Transient ischemic attacks (temporary paralysis, numbness, speech difficulty or other symptoms relating to the brain that starts suddenly and disappears within 24 hours)
3. Injury to brain tissue or blood vessels
4. Circulatory disorders and other heart conditions including but not limited to angina
5. Transplant of any organs, parts of organs, tissues or cells
6. A condition that, in the opinion of a consultant, results from Human Immune Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)
7. Alcohol or drugs not prescribed by a doctor or consultant, and not used to treat drug addiction
8. Cancer, heart attack, stroke, coronary artery disease within the first 60 days from the cover start date

9. Conditions which occur as a result of elective surgery
10. Conditions caused by or resulting from normal pregnancy, miscarriage and abortion unless symptoms of a normal pregnancy develop into a pathological condition, sickness or disease which is:
  - a. Diagnosed by a doctor or consultant who specializes in obstetrics, and
  - b. Is not excluded under any other exclusions set out in this policy;
11. An insured person's self-inflicted injury, suicide or attempted suicide (whether the Insured is sane or insane)
12. Unjustified refusal to seek medical advice, taking medicines without following Doctor's or consultant's orders, or undergoing medical treatment without a Doctor's or qualified consultant's supervision.
13. Dengue Fever incurred within the first fourteen (14) days from the cover start date
14. War, invasion, acts of foreign enemies, civil war, rebellion, or whilst on naval, military or air force duty, service or operations.

#### **ITEM 4 - WHEN DOES THE INSURANCE COVER END**

All cover under this policy will be ended when:

1. If you die
2. When you reach age sixty-five (65)
3. If you live outside the Philippines for more than 3 consecutive months in any twelve (12) months or move permanently abroad
4. When we have paid you, the full sum Insured

#### **ITEM 5 - HOW TO CLAIM**

1. Ask for a claim form  
You should contact us to ask for a claim form within 30 days of your diagnosis. To help us assess our service, we record and monitor phone calls. Or you can go to the Pharmacy where you purchased the medicine which provides for the insurance coverage & ask for a claim form.
2. Fill in the claim form  
Please Fill in the claim form fully and accurately and return it to us. We will also ask you for other information and documents to help us process your claim.
3. What happens after we received your claim form?  
We will process your claim and if we need more information from you or someone else, we will write and explain this to you (Adult and/or child). We will then write and tell you if we have accepted or rejected your claim.