



GSIS Government Service Insurance System
Financial Center, Pasay City, Metro Manila 1308

Name and address of Insured: 100WWAROC00001
DOLB-OWWA-ROCS
INTRAMUROS, MANILA 1002

Policy No. : PA-GPA-GSISHD-0003538
Endt. No. :
From : OCT 01, 2017 To OCT 01, 2018
Sum Insured : PHP159,460,000.00
Item : 469 OWWA EDUCATIONAL DEVELOPMENT
SCHOLARSHIP PROGRAM

AD/MR/BA	TSI	PREMIUM
	159,460,000.00	112,560.00

Prepared by : PBBONAGUA
Received by :
Intermediary : CMS

SUCCESS Document 7200260979 as posted in company code GSIS
Document 7200247938

BILL NO.:

Policy ID. : 1000583294
Bill : 17-1379796
Bill Date : 28-DEC-2017
Line : PERSONAL ACCIDENT
Currency : PHILIPPINE PESO
PICC : 6000019580

Total Premium :	112,560.00
Doc Stamps :	100.00
Fire Service Tax :	0.00
Local Tax :	0.00
Premium Tax :	0.00
Other Charges :	0.00
TOTAL AMOUNT DUE : PHP	112,660.00

Note: The total amount above is due and payable within 60 days from receipt of the bill. In case of claim arising in this policy, the said amount becomes immediately due and demandable.

GOVERNMENT SERVICE INSURANCE SYSTEM

Priscila A. Recaña
PRISCILA A. RECAÑA
OFFICER IV, UNDERWRITING DEPT.

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Policy ID 1000583244

Line PERSONAL ACCIDENT GROUP PERSONAL ACCIDENT	Premium 112,550.00
Policy No. PA-GPA-GSISGJ-0001538	Doc Stamp 0.00
Term	Premium Tax 0.00
From OCT 1, 2017	VAT 0.00
To OCT 1, 2019	Local Tax 0.00
Issue Date DEC 21, 2017	Other Charges 0.00
	Amount Due 112,550.00
	Currency PHILIPPINE PUSD

Assured : DOLE-GWA-ROCS
Address : INTRAMUROS, MANILA

Remarks

DETAILS OF COVERAGE:

ACCIDENTAL DEATH/DISMISEMENT: PHP 300,000.00/PERSON
MEDICAL REIMBURSEMENT : PHP 30,000.00/PERSON
BENEFIT ASSISTANCE : PHP 0.00/PERSON

Regional Welfare Office - NATIONAL CAPITAL REGION
SCHOLARS MONITORING SHEET
Name of Program : Educational Development Scholarship Program (EDSP)

No. of Beneficiaries: 469

Name of Scholars

- . Cerdafa, O'Neil Delos Santos
- . Corona, Hermelissa Metcioná
- . De Guzman, Daniel George Ibañez
- . Despabiladeras, Joshua Pineda
- . Encarnacion, Steven Reyes
- . Esquerro, Bernard Danlog
- . Morado, Gale Anne Margrethe Baños
- . ABUJILA, VIEL BENZO ROSALES
- . AGUSTIN, AUDREY CASTILLO
- . BUDOL, JOSHUA VOLANTE
- . Cacotion, Carlos Miguel Casipit
- . Calinscopin, Bien Marissa Vicente
- . Castillo, Carlos Leo Fernandez
- . CASTRO, JOHN PAUL ORCA
- . DESPEDA, JAMES LESTER CASALA
- . Felicilda, Joshua Miles Hyncel Ilagan
- . JEMING, KYLE HENRY CABRAL
- . JOVERES, KRISTINA FATIMA MUSTY

2017125145

ORIG: PROBACIA

INTERMEDIARY AMB

Documentary Stamp to the value stated above have been affixed and properly cancelled on the office copy of the Policy.



ATTACHED TO AND FORMING PART OF POLICY CODE PA-GPA-US (SHO-0003538

INCLUSION OF UNPROVOKED MURDER OR ASSAULT- PA - 50%

IT IS HEREBY DECLARED AND AGREED THAT policy Provision under Item 4 excitation (a) Twenty Four Hour Accident Rider A-5, attachment of this policy, is amended to read as follows:

IT IS FURTHER DECLARED AND AGREED that the Principal Sum hereunder for loss of life arising from directly or indirectly due to unprovoked murder or assault is fifty percent (50%) of the Principal Sum but not to exceed ₱50,000.00

24 HOUR ACCIDENT RIDER INCLUDING ALL COMMERCIAL FLYING (TERRITORIAL LIMIT-WORLDWIDE)

THIS POLICY COVERS AGAINST LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES, FROM BODILY INJURIES CAUSED BY ACCIDENT, HOWEVER, COVERAGE AS RESPECTS FLYING IS LIMITED TO LOSS OCCURRING WHILE THE INSURED IS RIDING SOLELY AS A PASSENGER, NOT AS AN OPERATOR OR CREW MEMBER, IN, BOARDING OR ALIGHTING FROM:

- a. A certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight and operated by a properly certified pilot flying between duly established and maintained airports, or
- b. Any transport type aircraft operated by the Military Air Transport Service (MATS) of the United States of America or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

BENEFITS

The insurance afforded is only with respect to injuries which, directly or indirectly of all other causes, result in death, dismemberment, total disability or medical expense, as stated hereunder, within the time limits indicated, but only against so many of the benefits as are specifically indicated in the Declaration page by the insertion of a premium charge or charges.

PART I.

LOSS OF LIFE INSURANCE

When the injury results in loss of life of the insured within one hundred eighty (180) days after the date of the accident the FUND will pay the LOSS OF LIFE INSURANCE stated in the Schedule.

PART II.

DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INSURANCE

When injury does not result in loss of life of the insured within one hundred eighty (180) days after the occurrence of the accident but does result in any

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of the following losses within said one hundred eighty (180) days, the FUND will pay for loss of:

Two limbs	100%	of the Principal Sum
Both Hands or All Fingers and both thumbs	100%	of the Principal Sum
Both Feet	100%	of the Principal Sum
Sight of Both Eyes	100%	of the Principal Sum
Arm at or above elbow	70%	of the Principal Sum
Arm between elbow and wrist	60%	of the Principal Sum
One Hand	50%	of the Principal Sum
Four Fingers & Thumb of one hand	50%	of the Principal Sum
Four Fingers	35%	of the Principal Sum
Thumb	15%	of the Principal Sum
Index Finger	10%	of the Principal Sum
Middle Finger	6%	of the Principal Sum
Ring Finger	5%	of the Principal Sum
Little Finger	4%	of the Principal Sum
Metacarpals First or second (additional) Third, fourth or fifth (additional)	2%	of the Principal Sum
Leg at or above knee	60%	of the Principal Sum
Leg below knee	50%	of the Principal Sum
One Foot	50%	of the Principal Sum
Toes- All of one Foot	25%	of the Principal Sum
Big Toe	5%	of the Principal Sum
Any Toe other than big toe, each	1%	of the Principal Sum
Sight of one Eye	50%	of the Principal Sum
Hearing- Both Ears	50%	of the Principal Sum
One Ear	25%	of the Principal Sum
Speech	100%	of the Principal Sum

DATE: _____

The occurrence of any specific loss for which indemnity is payable under this Part shall at once terminate all insurance under this Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this Part.

PART III.

PERMANENT TOTAL DISABILITY

2017125145

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GSIS

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Financial Center, Pasay City, Metro Manila 1308

ATTACHED TO AND FORMING PART OF POLICY CODE PA-GPA-GSISHO-0003538

When as the result of injury and commencing within 180 days of the date of the accident, the insured is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the FUND will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under this Policy as the result of the same accident, at the rate of one percent per month for 100 months.

PART IV. MEDICAL EXPENSE REIMBURSEMENT

When by reason of injury, the insured shall require treatment by a legally qualified physician or surgeon, confinement in a hospital or the employment of a licensed or graduate nurse, the FUND will pay the actual expense incurred within fifty two weeks from the date of the accident for such treatment, hospital charges and nurses' fees which is in excess of the deductible amount (if any) stated in the Schedule, but not exceed the aggregate amount payable stated in the Schedule as the result of any one accident.

PART V. EXCLUSIONS

The insurance with respect to the above hazards shall not apply:

- a. to loss caused directly or indirectly, wholly or partly by:
 1. bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound);
 2. any other kind of disease;
 3. medical and surgical treatment (except such as may be necessary solely for injuries covered by this policy and performed within the time provided in the policy);
 4. murder, assault or any attempt thereof.
- b. to suicide or any attempt thereof (same or insane);
- c. to loss occasioned by war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, 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 customs regulations or nationalization by or under the order of any government or public or local authority, or any weapon or instrument employing atomic fission or radioac-

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ATTACHED TO AND FORMING PART OF POLICY CODE PA-GPA-GSISHQ-0003518

tive force, whether in time of peace or war.

This exclusion shall not be affected by any endorsement which does not specifically refer to it, in whole or in part. The Insured, shall, if so required, and as a condition precedent to any liability of the FUND, prove that the loss did not in any way arise under or through any of the above excepted circumstances or causes.

PROVISIONS FOR FILING NOTICE OF LOSS

The Insured under the Policy is required to file a Notice of Loss to the Insurance Company, without unnecessary delay, that is, within sixty (60) days from the date of accident or discovery of the loss.

Failure to submit said Notice of Loss on the above stipulated prescription period shall mean a loss of interest on the part of the Insured and will exonerate the Insurer from any liability on the benefit of the Insurance to which the Insured may be entitled to.

PROVISION ON GSIS APPLICABLE TAXES & DOCUMENTARY STAMP TAX:

It is understood that all applicable taxes, including Documentary Stamp Tax (DST), if any shall be borne by the Insured.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its duly authorized officer/representative at Financial Center, Pasay City as of the date of issue.

[Handwritten signature in blue ink]
DATE: _____

[Handwritten signature: Priscila A. Recana]
PRISCILA A. RECANA
OFFICER IV, UNDERWRITING DEPT.
[Handwritten initials: F] *[Handwritten mark]*

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